HRA

TQ: 2024429430

PRINTED: 10/22/2007

		AND HUMAN SERVICES  & MEDICAID SERVICES _	ı.	1 1						APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUII. A. BUILDI	TIPI E CONSTRUI NG	έτισ	N			(X3) DATE S COMPLI	URVEY
		09G119	B. WING			-			10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS	1 1 13	!	E. ZIP (	ODE		· <del></del>
IDI				4515 EDSON P WASHINGTO	9 1 11	3	19			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRO (EACH CROSS-F	COR	R'S PLA RECTIVI RENCEC DEFIC	E ACTIO	УОНЗ ИС В АРРВ	JLD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W 004	0						
	conjunction with a c conducted through full survey process, selected from a res	7, a recertification survey in complaint investigation was October 5, 2007, utilizing the A random sample of five was idential population of two male ents with a diagnosis of tardation.								
	based on observati three day program staff, day placemer administrator, the C Professional, review	survey and investigation were on at the group home and s, interviews with group home at staff, the nutritionist, the Qualified Mental retardation w of medical and rds including the unusual	<u>-</u>				de en			
	received an e-mail that described clier concerns. The cor	2007, the State Agency from the court monitor's office nt's care and treatment npliant alleged that there were of problems as detailed below;					C. The second se			
	day program, wate offered a second to resisted/refused th	duals' return home from their r/fluids were not given or me to individuals who initially e water/fluids. In addition, of toileted or changed upon								4
	four staff members the time preparing	e observation period, one of the on duty spent the majority of dinner while the other three tradically interacted with the								
		s' logs of community outings had participated in only two				-				•
	RY DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVES SIG	NATURE			ITLE VES	- <del>1.</del> :			(X6) DATE

ny deficiency statement ending with an asterisk (\*) denotes a deliciency which the institution may be excused from correcting providing it is determined that it is determined that regulards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

	07 07:10 FROM: 2007 05:21 FAX 2	024429430 HRA		<b>7</b> 	ro:2024429	9430 		.6 <b>00</b> 6
		AND HUMAN SERVICES  & MEDICAID SERVICES					FORM	10/22/2001 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTI	PLE CONSTRUCT	lan		(X3) DATE S COMPLE	URVEY
		09G119	B. WING _		!		10/0	<b>5/2007</b> .
NAME OF P	ROVIDER OR SUPPLIER		STR	EET ADDRESS, C	TY, STATE, ZI	CODE	10/0	5/2007 .
IDI				515 EDSON PLA /ASHINGTON,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVI (EACH C	DER'S PLAN OF PRECTIVE AC ERENCED TO DEFICIENT	THE APPRO	LD BE	(X5) COMPLETION DATE
W 000	Continued From pa		W 000					<del></del>
	2007 - park and chi	period of September 1 - 19, urch. There was no evidence outings occurred in August	·					
	members, as well a of the review, lacke	prior reviews, direct care staff s the nurse on duty at the time d basic knowledge of the rent health care problems and		11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		and a constant page of the constant of		
	positioning logs indi majority of their day	prior reviews, class members' cated that they spend the sitting in their wheelchairs." Condition Level Deficiencies		And the second s		edos promos o los majos majos es majos como	-	
	from her day progra laceration on the rig Client #2 was taken treated, and release forehead, which we	2007, when Client #2 returned am, she was "found" with a ht side of her forehead, to the emergency room, and with staple(s) in her re to be removed in seven reportable incident was not to monitor's office."				are to a supplementario della constitución della co		
	neurologist's 8/2/07 monthly Dilantin and	vidence that Client #2's recommendation to obtain I Phenobarbital levels for mented." [Substantiated and ficiencies Cited]				The state of the s		
	pounds, which is ov There was no evide is being closely mor there was follow-up sonogram, which to	07, Client #1 has lost 13 er 10% of her body weight nce that Ms. Client #1's intake litored and recorded or that to her incomplete study/pelvic ok place on June 29, 2007," ted - Standard Level				The second of the second secon		

TO:2024429430

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	ULTIPLE CONSTR	RUCT(	Фи		(X3) DATE S	
		000440	B. WIN	LDING					
NAME OF E	PROVIDER OR SUPPLIER	09G119	_						5/2007
IDI	-KONDEK OK SUPPLIEK			STREET ADDRE 4515 EDSON WASHINGT	PLAC	E, NE		Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	X EAC	H CO	ER'S PLAN ERECTIVE ERENGED 1 DEFICI	ACTION S O THE AF	ECTION HOULD BE PPROPRIATE	(X5) COMPLETION DATE
W 000	Deficiencies Cited]  9. "There was no edietician had condusted for changes in Cher weight loss. The assessment filed in 8/13/06, and it was accurate portrayal distance." [Substantia Deficiencies Cited]  10. "In addition, altitude registered nurse, arwere notified of Clieblood-glucose level and 54 (obtained or represented a mark blood-glucose level no evidence any foliabnormalities."  11. "Since March 2 sustained an unexpounds. As noted in	vidence that Client #1's cted a review and assessment lient #1's nutrition status and e most recent nutrition Client #1's record was dated no longer a current or of the client's nutrition/weight ted - Standard Level nough Client #1's physician, and agency Director of Nursing ant #1's abnormal of 39 (obtained on 8/21/07) a 8/27/07), each of which ed changed from her of 98 in April 2007, there was	W 0	000			The second section of the section of the second section of the section of the second section of the second section of the section of th	-	
	addressed the clien Substantiated - Star Cited)  12. "The numerous Health Risk Manage	copies of the class members' ement Plans, which were filed mbers' Medical, ISP, and					:		,
Ŵ 100	Program records, w accurate."	ere not complete, current, or VICES OTHER THAN IN	W 1	00 W100					
	"Intermediate care fa	acility services" may include			İ		. Joseph J. Branch		-

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DEPARTMENT	OF HEALTH AND HUMAN SERVICES
CENTERS FOR	MEDICADE & MEDICAID SEDVICES

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUC	TION	(X3) DATE SI COMPLE	
		Q9G119	B. WING _		ļ	10/0	5/2007
NAME OF F	PROVIDER OR SUPPLIER		4	REET ADDRESS, 4515 EDSON PL WASHINGTON	ACE, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	DER'S PLAN OF ORRECTIVE ACT FERENCED TO DEFICIENCE	ON SHOULD BE HEAPPROPRIATE	(X5) COMPLETION DATE
W 100	services in an inst (hereafter referred facilities for person persons with relate (1) The primary pure provide health or rementally retarded related conditions; (2) The institution E of Part 442 of th (3) The mentally repayment is request treatment as speci	itution for the mentally retarded to as intermediate care as with mental retardation) or ed conditions if: irpose of the institution is to ehabilitative services for individuals or persons with meets the standards in Subpart is Chapter; and etarded recipient for whom ted is receiving active fied in §483.440.	W 100				
W 102	Based on observa review, the facility received continuou [See W195] 483.410 GOVERN MANAGEMENT The facility must e	is not met as evidenced by: tion, interviews and record failed to ensure that each client is active treatment services. ING BODY AND insure that specific governing ment requirements are met.	W 102	initial!	maining au	Ustaff receive	10.26.07
	The facility's gover general operating (W104) failed to er entries into the clied dated and signed e	is not met as evidenced by: ning body failed to maintain direction over the facility, (See asure that all personnel making nts records wrote legibly, each entry (See W114) and tritional oversight on the facility	· ·	records dated At least all ota training	and signer annually 11 secured 10 document	le legible	angoing
PRM CMS-25	67(02-99) Previous Varsion.	S Obsolete Event ID: DW0411		AND IN	<u>'</u>		

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10/22/20	07 05:21 FAX 2	024429430 HRA				1000		PRINTED: FORM /	10/22/2007 \PPROVED
DEPARTM	IENT OF HEALTH	AND HUMAN SERVICES			_	1000		OMB NO.	0938-0391
TATEMENT C	FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		E CONSTRUC	TION		(X3) DATE SU COMPLE	RVEY TED
	l	09G119	B. WIN						5/2007
NAME OF BR	OVIDER OR SUPPLIER			STRE	ET ADDRESS,	CITY	, STATE, ZIP C	DDE	
IDI	OVIDEIXENTE				15 EDSON PL ASHINGTON	I. DC		PERCTION	(×5)
(X4) ID PREFIX TAG	/ E - PUL DECIC(ENIC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		(SACH)		ZECTIVE ACTIC	E APPROPRIATE	COMPLÉTION DATE
W 102	Continued From pa	age 4 of these practices results in overning body to ensure	W	102	# Refer	سع	ce resp	MEP	
W 104	continuous active clients. (See W19: 483.410(a)(1) GO	treatment services for its 5)	w	104					
	The governing bob budget, and opera	dy must exercise general policy, ating direction over the facility.							
	Based on observation the review of recommendation of the control o	is not met as evidenced by: ations, interviews with staff, and ords, the facility's governing body operating directions over the the following areas:	· ·						
•	The findings inclu	ude:			a Refer	enc	e respo	hee to WI4c	4
	l established polic	lled to develop and implement its iles to ensure the health and nts. (See W149)						e to W196	(1,14,07
	received a continuous for one of the for accordance with interdisciplinary	iled to ensure that clients nuous active treatment program ur clients in the sample in recommendations made by the team (IDT) for two of the four in the sample. (See W196)					response		ongovicy
\ <b>R</b> ; 44	3. The facility fa equipment ident interdisciplinary provided (See V	alled to ensure that adaptive tifled as needed by the team were furnished and		W 1 <sup>-</sup>	M Keler		Isponise		
W 11	Any individual W	who makes an entry in a client's ake it legibly, date it, and sign it.						-	
	2 accress 60 B-14-14 15	reiona Onsolete Event ID: DW			Facility ID: 09G	19		If continuation s	sheet Page 5 of t
ORM CMS	5-2587(02-99) Previous Va							•	

nursing assessment was completed in March 2007, with quarterly follow ups (June 2007, September 2007). However, the quarterly reviews were not signed to Indicated who had

profound mental retardation and was not competent to make independent decisions regarding health, medical and financial decisions.

At the time of the survey, the facility falled to provide evidence that the potential risks involved in using these restrictive measures, or his right to refuse treatment had been explained to the client

This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility falled to provide receipts for withdrawals from the clients personal funds account for one of

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES		•			APPROVED <u>0938-0391</u>
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		E CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY
	•	09G119	B. WIN	G		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			451	ET ADDRESS, CITY, STATE, ZIP CODE 5 EDSON PLACE, NE SHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION QATE
W 140	The finding include Review of Client #2 October 2, 2007 for bank statements for August 2007 revea 10, 2007 in the am with the Qualified M Professional (QMR approximately 11:0 withdrawn was spewere no receipts howhen the monies w 483.420(c)(6) COM CLIENTS, PAREN The facility must no parents or guardiar changes in the cliei	ne sample. (Client #2) s: 2's financial was conducted on or Client #2. The review of the om November 2006 through lied a withdrawal on November ount of \$500.00. Interview Mental Retardation (P) on October 3, 2007 at 10 AM indicated that the money ent on a recliner chair. There owever to determine how or vere spent. IMUNICATION WITH TS & of any significant incidents, or not's condition including, but not liness, accident, death, abuse,	W 1		The Standard will be met a evidenced by:  The QMRP will proceed for the reclineration of a receipt purchase of a reclineration cannot be located at displicated, funds we reimbursed to client account.  The Home Manager ensure that all receipt filed on a monthly be the information is as for review.	ovide a ner chair ot for er chair nd/or ill be t #2's will ots are	10.2407 ongoing
	Eased on interview failed to notify pare incidents for one of the facility. (Clients The findings include Review of the facility and investigations capproximately 8:20 the facility failed to		·		<ul> <li>The Standard will be met evidenced by:</li> <li>QMRP will notify for members immediate significant incidents</li> <li>QMRP will docume person/s notified, and date/time of notificatine incident report for the incident report for evidence of the e</li></ul>	amily ely of all ont id the tion/s on	10.24.07 ongoing

		I AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 10/22/2 FORM APPROV OMB NO. 0938-03	VED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDI	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G119	B. WING_		10/05/2007	
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	TID BE COMPLET	
W 148	Continued From pa	ige 10	W 148	3		
	with a three centim thigh.	17, staff discovered Client #2 eter discoloration on her left				
W 149	laceration to Client treated in the emer	200, Staff discovered a #2's head for which she was gency room.	W 149	W149	11-10-	۰07
	policies and proced	evelop and implement written lures that prohibit ect or abuse of the client.		This Standard will be met as evidenced by:	Ongo S	'ny
.	Based on staff inte	s not met as evidenced by: rview and record review, the abilish a policy on injuries of		<ul> <li>Reference response to and W154.</li> <li>Incident Managemer will be reviewed/revenceded.</li> </ul>	nt policy	
	failed to establish a reporting and invest origin. Interview wit Retardation Profes 2007 at approximativere required to wi	53 and W154] The facility policy and procedure on tigating injuries of unknown the Qualified Mental sional (QMRP) on October 2, tely 2:00 PM revealed that staffite an incident report, notify		QMRP will provide additional staff train needed to further end compliance with this standard.	sure	
W 153	guardians, attorney agencies; however written in the Incide	ement, family members, is and all other governmental these procedures were not ent Management policy.  FE TREATMENT OF	W 153	<b>3</b>		
	mistreatment, negl	nsure that all allegations of ect or abuse, as well as a source, are reported		• • •		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   PREFIX TAG	TO/05/2007  RESS, CITY, STATE, ZIP CODE  ON PLACE, NE  GTON, DC 20019  PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  10/05/2007  (X5)  COMPLETION DATE
(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DOSS-REFERENCED TO THE APPROPRIATE  ON PLACE, NE  (X5)  COMPLETION DATE
PREFIX TAG  IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 153  Continued From page 11  immediately to the administrator or to other offic als in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all unusual incidents including injuries of unknown origin were reported immediately to the administrator and other officials according to district law (22 DCMR, Chapter 35, Section 3519.10) four of the eight clients residing in the facility. (Client's #2, #3, #6 and #7)  The findings include:  Review of the incident reports on October 2, 2007 beginning at 8:20 AM revealed the following incidents had not been reported to the State Agency as required:	EACH CORRECTIVE ACTION SHOULD BE COMPLETION SHOULD BE DATE DATE
immediately to the administrator or to other offic.als in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all unusual incidents including injuries of unknown origin were reported immediately to the administrator and other officials according to district law (22 DCMR, Chapter 35, Section 3519.10) four of the eight clients residing in the facility. (Client's #2, #3, #6 and #7)  The findings include:  Review of the incident reports on October 2, 2007 beginning at 8:20 AM revealed the following incidents had not been reported to the State Agency as required:	
Review of the incident reports on October 2, 2007 beginning at 8:20 AM revealed the following incidents had not been reported to the State Agency as required:	Standard will be met as ongoing ongoing
a. On April 17, 2007, staff discovered Client #2 with a three centimeter discoloration on her left thigh.  b. On September 11, 2007, the staff discovered a "rnark" on Client #3's left back arm.  c. On July 16, 2007, the staff discovered a scratch on Client #3's right back leg.  d. On July 9, 2007, the staff discovered an	to the administrator and other officials according to district law.  Incident Manager will review incident reporting procedures on a routine basis and provide appropriate follow-up actions as needed to further ensure compliance with this standard.  Documentation of all notifications will be maintained on file for review.
abrasion on Client #3's left lower leg.  e. On June 24, 2007, the staff discovered a bruise on Client #6's right elbow.  f. On June 18, 2007, the staff discovered a blister	The second se

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUF COMPLET	
•		09G119	B. WING		10/05	/2007
NAME OF P	ROVIDER OR SUPPLIER		45	EET ADDRESS, CITY, STATE, ZIP COD 15 EDSON PLACE, NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 153 W 154	on Client #7's right 483.420(d)(3) STA CLIENTS The facility must h	-	W 153 W 154			
	Based on staff interfacility failed to confine the eight of the eight of (Client's #3, #6, and The findings included Review of the incidence of the incidence of the injuries of unknown a. On April 17, 20 with a three centime thigh.  b. On September a "mark" on Client of July 16, 200	•		W154  This Standard will be mevidenced by:  • QMRP received action for failing incident investig timely manner.  • Incident investig be completed for listed incidents.  • Information will available for rev	disciplinary g to complete gations in a gations will r each of the	11-16-07 ongoing
	abrasion on Clien e. On June 24, 20 bruise on Client#	07, the staff discovered a blister				

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DIFFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G119	B. WIN	G		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			45	EET ADDRESS, CITY, SYATE, ZIP CO 15 EDSON PLACE, NE (ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	483.430(a) QUALI RETARDATION P	FIED MENTAL ROFESSIONAL	W 1	159	W159		·
	integrated, coordin	e treatment program must be lated and monitored by a tardation professional.			This Standard will be me evidenced by:	et as	
	This OTANDADD				1. Reference respon	se to W120.	
	Based on observat	is not met as evidenced by: tion, interview and record s Qualified Mental Retardation			2. Reference respon	se to W140.	
		RP) failed to adequately and coordinate each client's ograms .			3. Reference respon DCMR, Chapter 3519.10. Also re	35, Section	
	The findings includ	le:			response to W153	3.	
	outside services m	MRP failed to ensure that net the needs of the clients.			4. Reference respon	se to W154.	ongoing
	[See W120]  2. The facility's QI	MRP to ensure receipts for			5. Reference respon	se to W196.	J., 4. 3
	withdrawais from t	he clients personal funds lable for review. [See W140]			6. Reference respon-	se to W210.	
		MRP failed to ensure that all including injuries of unknown			7. Reference respons	se to W217.	·
٠.	origin were reported administrator and	ed immediately to the other officials according to			8. Reference respons	se to W220.	
	district law (22 DC 3519.10) [See W1	CMR, Chapter 35, Section 53]			9. Reference respons	se to W241.	
		MRP failed to investigation of all norigin. [See W154]			10. Reference respons	se to W242.	
		MRP failed to ensure that			11. Reference respons	se to W247.	
	program for one of	continuous active treatment f the four clients in the sample recommendations made by		.	12. Reference respons	e to W249.	
. · · · · · · · · · · · · · · · · · · ·	the interdisciplinar	y team (IDT). [See W196]	1		13. Référence respons	e to W250.	,

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G119	B. WING		10/05/2	2007	
NAME OF P	ROVIDER OR SUPPLIER		45	EET ADDRESS, CITY, STATE, ZIP CODE 615 EDSON PLACE, NE (ASHINGTON, DC 20019			
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 159	Continued From pa	age 14	W 159	W159, Continued			
	assessments had	MRP failed to ensure that been completed within 30 days the interdisciplinary team.	• .	14 Deference recommend	W252		
	7. The facility's Q	MRP failed to ensure that a ment was completed. [See	·   ·	14. Reference response to 15. Reference response to	W260.		
	speech language	MRP failed to ensure that a assessment was coordinated to nt's communication needs.		16. Reference response to			
	9. The facility's Q strategies to staff.	MRP failed to provide behavior [See W241]		-	·		
	clients' individual	QMRP failed to ensure that program plans (IPP) included al skills in both formal and [See W242]				w .	
•	11. The facility's each client was p choice. [See W2	QMRP failed to ensure that rovided an opportunity for 47]					
	clients were provi	QMRP failed to ensure that ided the opportunities for treatment in accordance with ogram Plans. [See W249]					
	active treatment	OMRP failed to develop an schedule that outlines current program when clients are home gram. [See W250]					
,		QMRP failed to collected data e of actual client's performance.	-				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SUP COMPLET	
		09G119	B. WING		10/05	/2007
NAME OF P	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	REET ADDRESS, CITY, STAYE, ZIP CODE 515 EDSON PLACE, NE VASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	OULD BE	(XS) COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	PROPRIATE	DATE
W 170	[See W252]  15. The facility's or to justify the repthe previous year.  16. The facility's of adaptive equipme interdisciplinary te provided. [See W17. The facility's of had the appropriated 483.430(b)(5) PROSERVICES  Professional progicertified, or register professional services.  This STANDARD Based on record if failed to ensure the staff was licensed applicable, to professional staff current license: Two Social Works two Licensed Prand 483.430(b)(5)(x) I	QMRP failed to make revisions petition of the objectives from [See W260]  QMRP failed to ensure that introductified as needed by the am were furnished and 436]  QMRP failed to ensure Clients the size clothing. [See W137]  OFESSIONAL PROGRAM  Training the licensed, aread, as applicable, to provide incest by the State in which he or its not met as evidenced by review and interview the facility and the Professional program of, certified, or registered, as wide professional services by the or she practices.  The incomplete is the following who lacked evidence of a lers, the Physical Therapist and	W 170	W170  This Standard will be met a evidenced by:  Administrative Assobtain all required lefor two Social Worthe Physical Therage. The Human Resound department will obtain LPN licenses to encompliance with the standard.  Both Administrative Assources Department will obtain the Executive Standard.  Both Administrative Assistant and the Executive Department will obtain the Executive Standard.	istant will licenses kers and bist. fee tain two sure is luman hent will r and track required ons of	11-16-07 ongoing
	SERVICES				· ·	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G119	B, WING	, <u>, , , , , , , , , , , , , , , , , , </u>	10/05/2007
NAME OF PE	ROVIDER OR SUPPLIER		451	ET ADDRESS, CITY, STATE, ZIP CODE 5 EDSON PLACE, NE SHINGTON, DC 20019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETION.
W 180	professional, an in bachelor's degree (including, but not	age 16 as a human services idividual must have at least a in a human services field limited to, sociology, special itation counseling, and	W 180		
	Based on review of no evidence that the Mental Retardation	is not met as evidenced by: of personnel records, there was the facility had hired a Qualified on Professional (QMRP) in the federal regulations. les:		W180  This Standard will be merevidenced by:  Reference response to W.	11.23.07
W 193	revealed that she years in coordina persons with mer QMRP's education indicated that she bachelor's degree human services the educational q federal regulation 483.430(e)(3) ST	AFF TRAINING PROGRAM	W 193	This Standard will be met evidenced by:	as
	techniques neces to manage the in This STANDARD Based on observ review of records demonstrate con Behavior Suppor	e to demonstrate the skills and ssary to administer interventions appropriate behavior of clients.  D is not met as evidenced by: ations, staff interviews and the staff failed to appetency in implementation of t Plan (BSP) for one of the five apple. (Client #4)		<ul> <li>Client #4's persona will be assessed/eva</li> <li>Activity schedule for 4 will be reviewed/as needed.</li> </ul>	duated.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 FORM APPROVED

OMB NO. 0938**-**0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A, BUILDING B, WING 09G119 10/05/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4515 EDSON PLACE, NE IDI WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) QMRP will conduct W 193 W 193 Continued From page 17 additional training to include but not limited to; adherence The finding includes: to mealtime protocol. The facility failed to implement Client #4's BSP as implementation activity written. [Also See W196] schedule, interaction and active participation of On October 3, 2007 at approximately 12:30 PM, individuals in their daily Client #4 was observed exhibiting face slapping routines, behavior support behaviors during lunch. During the behavior, a direct care staff intervened by stating, "Oh, no we plans & positioning. 11.200 won't have that". The client momentiarly stopped ongoing) and proceeded to face slap again. There was no (2) Reference response to W196 intervention from the staff. According to the BSP the strategies reviewed on October 4, 2007 at QMRP will develop program 2:00 PM, the staff should ask the client to stop, if objective to enhance client not, then the staff should move the client's hand down from his face and continue with proactive #4's skills. strategies. W195 483,440 ACTIVE TREATMENT SERVICES W 195 W 195 The facility must ensure that specific active This CONDITION will be met as. treatment services requirements are met. evidenced by: 11.200

This CONDITION is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure continuous active treatment services (See W196 and W249); the facility failed to ensure that assessments had been completed within 30 days after admission by the interdisciplinary team (See W210); the facility failed to provide a speech language assessment to determine the client's communication needs (See W220); the facility failed to provide behavior strategies available to staff (See W241); failed to ensure that clients' individual program plans (IPP) included training in personal skills (See W242); the facility failed to ensure clients were provided

The facility will ensure that active treatment services and requirements

are met as evidenced by: Reference responses to W196, W249, W210, W220, W241, W242, W247, W250, W252, W260, and

If continuation sheet Page 18 of 59

DINGOIL

W436.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2007 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	DING	COMPLE	TED
		09G119	B. WING		10/0	5/2007
NAME OF PE	ROVIDIÉR ÖR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP COL 4515 EDSON PLACE, NE WASHINGTON, DG 20019	E .	
(X4) ID PRÉFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BĘ	(X5) COMPLETION DATE
W 195	with opportunities self-management develop an active outlines current a clients are home W250); failed to e accomplishment client's IPP object measurable term interdisciplinary to revisions or to just objectives from the facility failed the facility failed to equipment identification.	for choice and (See W247); the facility failed to treatment schedule that ctive treatment program when from the day program (See ensure data relative to the of the criteria specified in each tives were documented in s(See W252); the eam (IDT) failed to make stify the repetition of the ne previous year (See W260); ailed to ensure that adaptive fied as needed by the eam were furnished and	W 19	95		
<b>W</b> 196	The effects of the the failure of the active treatment 483 440(a)(1) ACE Each client must treatment progrationsistent imples specialized and services and relative the client to function are and (ii) The prevent	ese systemic practices results in facility to adequately provide services.  CTIVE TREATMENT  receive a continuous active im, which includes aggressive, ementation of a program of generic training, treatment, health ated services described in this		96		
	Based on obser	D is not met as evidenced by: vation, staff interviews, and ne facility failed to ensure that				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DIFFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G119	B. WING		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		45	EET ADDRESS, CITY, STATE, ZIP CODE 515 EDSON PLACE, NE /ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	program in accorda made by the interdithe four clients included and #4)  The findings included and the follows are sold and the follows are preparing to eat his served his breakfast meal time preparation to complete his by At appoximately breakfast, the client was periodically obhis bed without any constructive/habilities.	ntinuous active treatment ance with recommendations sciplinary team (IDT) for two of uded in the sample. (Clients e:  007 Client #4's home activities 30 PM were observed and ling:  ors arrived to the home at 8:00 observed at the kitchen table is breakfast. The client was st and did not participate in the lient in feeding himself, staffind assistance to encourage is meal.  8:30, after completing his t was taken to his bedroom I until lunchtime. The client served in his bedroom lying on without active activities.	W 196	W196  This Standard will be met as evidenced by:  Client #4's personal will be assessed/eval Program objectives we established as neede The Activity Scheductient #4 will be reviewed/modified a QMRP will conduct additional training as to include but not liming and include but not liming and active participation of asschedules, client into and active participation individuals in their droutines, behavior suplans and positioning Routine file reviews conducted to further	skills luated. will be d. de for as needed. s needed nited to; ctivity cractions ion of laily apport g. will be	11.13:07 ongoing
	Client #4 was obset behaviors. The dir stating "Oh, no we ceased the behavior provide any further	approximately 12:30 PM, rved exhibiting face slapping ect care staff intervened by won't have that'. The client or momentarily. The staff did redirection/intervention.		compliance with this standard.	5	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 FORM APPROVED

CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES		4	OMB NO	0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILOIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	
r	•	09G119	B. WING _		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP		5/2001
IDI		·	4	518 EDSON PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	ΠΦΝ SHOULD BE ΓΗΕ ΑΡΡΚΟΡΚΙΑΤΕ	(X5) COMPLETION DATE
W 196	Plan, reviewed on staff to ask the clistop, the staff was hand down from his proactive strategie.  e) After lunch, at care staff took the 2. Interview with srevealed that Cliebasic personal ne On October 2, 200 wearing an adult particularly dependent on staff morning of October 4, 2007 review of the clie October 4, 2007 reserved assisting staff confirmed the with bathing, dres	October 3, 2007, required the ent to stop. If the client did not a required to move the client's list face and continue with es.  approximately 1:30 PM, direct e client on a van ride.  staff on October 2, 2007 at #4 dependents on staff for eds  77, the client was observed protective under garments and if for toileting. Also on the er 2, 2007, the staff was go the client with his jacket. The latthe client needs assistance sing and toileting.  Int's habilitation record on evealed no documented	W 196	(2) Reference responsable la companyon will de objectives as in to entreunce suite.	nse to W196	11.13.07 ongang
	Further review of failed to review the skills had been ide 3. Review of Cliel recommended traconsistently imple Review of the Cliebjectives to enhalm improve lower ran lower extremities, auditory skills. At did the staff direct	ng programs in these domains, the client's habilitation records at the client's personal care entified/assessed.  Int #4's IPP revealed that ining programs were not mented as evidenced below:  Int #4's IPP revealed ince sensory awareness, to ge of motion and strengthen and to improve ambulation and no time during the observations encourage, the client to of the aforementioned program	<b>3</b> 1	(3) a Mill will would training on im documentation man man man man movies with temps to and others and others to and others and others to and others and others and others to and others	plementation that will entation and of proeper	and

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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<u>rentet</u>	RS FOR MEDICARE	& MEDICAID SERVICES		i <u>                                     </u>	1	OMB NO	0938-0391
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		09G119	B WING _			10/0	5/2007
NAME OF P	ROYDER OR SUPPLIER		ST	REET ADDRESS, C	ITY STATE ZIP		312001
IDI			4	1515 EDSON PLA VASHINGTON,	CE, NE	,002	
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W 196	Continued From pa objectives as evide a) Three times per feel/manipulate iten minutes with hand of consecutive months	nced below: week, the client will ns in his feel box for three over hand assistance for six	W 196	i it will	16	rection cus nac	ool.
	Professional (QMR revealed that there such items. Review revealed that the primplemented and the required objective, and the required objective objective.	nat the client had acheived the since April.					
	program was being b) [The client] will o	lould not explain how the lmplemented without the box. dance with staff for three per day 100% accuracy for six		W252	erence resp		
	program had been i was no evidence the implemented during Additionally, the dat the progress of the	ollection refect that this implemented in the past, there at the program had been the survey period, a collected did not measure objective. [Also See W252]		a Dimal w newse p as need a company	ll review of rocycem ted, will ensi who street	indlor objectnes he that hie is	11.14.07 ongowng
	interior of the home moderate physical a 100% accuracy for a Although the Octoberefected that this pro-	two times a day with assistance of one person at six months". er 2007 data collection ogram was being ne a day, this program was		measi W152 a amed wi	l coordinat 1 Physical	e re-assessmen Therapost	<b>V</b>

	ar witto EKONT	- I I I I I I I I I I I I I I I I I I I				[	U:202 <del>44</del> 21 !	1 	192	7 V Z I
DEPAR	RTMENT OF HEALT	H AND HUMAN SERVICES							DDI.	
CENTE	ERS FOR MEDICARI	E & MEDICAID SERVICES							FRONTS	ED: 10/22/2(
ATEMEN	NT OF DEFICIENCIES	E & MEDICAID SERVICES							CMADA	KM APPROV
ID PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA	(X2) M	M. Tiei	€ CONST	DI M	TION	<del></del> -		IO. 0938-03
	556011614	IDENTIFICATION NUMBER			~ CONS )	INDΨ	IION		(X3) DATE	SURVEY
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		09G119	B. WIN	vic.				_		
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Di			i	451	5 EDSON	33,1	CITY, STATE, Z	L CODE		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	·——-	VVA	SHING	ON,	DC 20019			
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N 196	Continued From pa		<u></u>				<b>ÞEFICIEN</b>	( <del>Y)</del>		
	Continued From pa	ige 22	W 1	96						<del></del>
	<ol> <li>I he facility faile</li> </ol>	d to implement Client #3's			Lin					
	program objectives			, v	V 140,	COY	straueel			
	1	<b>!</b>		ŀ	•		10,000			1
	a) Interview with the	QMRP on October 2, 2007 at		1		1				
	1 o-40 Vivi malcafed f	DE Client#3 was admittad to the		ł	i					1
	the facility on March	1 26. 2007		J			1	1		
		1					1			1
	During evening obsi	ervation on October 2, 2007		-				i		
	from 3:45 through 6	:55 PM, Client #3 was not		- 1						
- [	engaged in any form	oo rivi, Chent #3 was not						İ		Į
1	treatment programs	nal or informal active		- 1					,	
	acathem programs	•								1
1	A+ 2:20 mt a	·		-			:			ľ
- 1	At 3:30 PM, the clien	nt arrived home from his day								ļ
	Program and Shamy	'inerestar at approving a l		- 1				1		ľ
i	V-TO FIME WAS TAKED	TO DIS hadroom Lie went		j				ļ		f
- 1	opaciaco to lie IV be	O Until 6:55 PM The alland		- 1			,			İ
	MAD ONSELVED TO USE	ed total accietoped in		1			7			
. 1	transferring from his	wheelchair to and from bed.					:			1 -
					_ [		_			ŀ
	At 6:55 PM, the clien	it was propelled into the living		4	amer	WL	ll review	andlo	✓	
ĺ	room and positioned	in front of the television,		-	TARINGE		100 - 100 - 1	, , , ,		11-14-07
- 1	Where he remained	Intil he received his G-tub			1 WING	P	wymm c	veeus	le ous	
. ∤.	feeding at 8:00 RM	That he received his G-tub		1	heede	10. N	•	"		orgoing
- 1,	that the staff propert	There was no observation		-1						1 2 1
1.	hier die stall present	ed the client with a choice of		an .	Para et D		el pund	a stou		
- 1 '	research music Schalficia	or engaged the client in any			WI I MOT	V.	ex provida	e and	_	ŀ
١,	other activty.	<b>'</b>		1	moun	الابد	a on al	e ouch	ne	
١.				1	L		g on al		۸.	
1 5	<ul><li>p) Review of Client #:</li></ul>	3's IPP dated April 25, 2007		1	rivax	W	in pu	AU KUM	> TV	1
,	TTOMICA BIT ODIECTIVE	tinat the client will sit as 46 )			chent					1
, ,	2434 At mic DEO IOL DA	VO Ministra throa times a decid								1
V	without assistance for	r three months		ر مر آ	أوام معادلا		ill modi	املاميل	ert)	
t				AU	LXVVU	W	W HOW	M con	ч -	
٦	There was no observe	ations of the client		1	C rollo A	4	n to ima	000	the sice	
l p	participating in this ar	tivity. According to the data			www	/\ V\	ייטוט אוע	~····	IMIC	
s	heets since June 200	07 the direct care staff were		1	a di	n I		,		
d	locumenting only twice	or the direct care staff were		1	w (M	''	ë .			
	and completely	~ a uay.		1		1			,	
10	Review of Clicar #	Na inn an an		}			,			
re	evealed an oblook #	3's IPP dated April 25, 2007		1		- 11	ţ.		. ]	:
'`	- reales en objective	that the client will tolerate			į	1 10	:		İ	i
	(02-99) Previous Versions Ob			L		:			1	i
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DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SFRVICES  & MEDICAID SERVICES		٠				ı		FORM	): 10/22/2007 MAPPROVED D. 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD		CONST	RUCT	МОИ			(X3) DATE COMPI	SURVEY
·		09G119	B WING							10/	05/2007
NAME OF	PROVIDER OR SUPPLIER	<del>-</del>	s	TREE	ADDR	ss. c	ıry, sı	ATE, ZI	FCO	· · · · · · · · · · · · · · · · · · ·	,
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W 196	Continued From pa	ge 23	W 19	6		<del>-</del>	<u> </u>	<del></del>	+-	<del></del>	<del> </del>
		er extremities daily for two	** 10		One	7 🐧 1	112		neu	additime choice	
	There was no obser	vations of the client		"	CA	( <del>*</del> 1	rain	ina i	4	choice	
	participating in this :   sheets since June 2	activity. According to the data 007 the direct care staff were		ļ	mal	umo	<b>)</b>	ં ગ			
	not documenting the	number of minutes.	4				l)	A. P.	å	* * * * * * * * * * * * * * * * * * *	<b>!</b>
	revealed an objectiv	s IPP dated April 25, 2007 re which stated, "Five days a			, -			# = !! # = !!			
I	client] will make a s	ver hand assistance, [the election of what clothes to the trials presented for six						j :	-		
	On October 2, 2007 and shirt was obser Interview with the di- Indicated that the ck staff for the client to	at 3:45 PM, a pair of jeans ved on Client #3's nightstand, rect care staff at 6:00 PM othes were selected by the wear on the next day. There at the facility encourage the	. •								
	minimal to no assist completion of the massisting the client wand eating utensils twas located in the ki IPP objective on Oct the client had a goal daily living skills. To	ng meal observation on ent #1 ate her meal with ance from staff. Upon the eal, the staff who was with her meal, passed the dish of another staff person who tohen. Review of the clients ober 4, 2007, revealed that to increase her activities of accomplish this goal, the								·	
_	physical assistance, her plate to the kitch presented for six cor	[Client Name] will remove [Client Name] will remove en on 100% of the trials issecutive months." On ent #1 was not afforded an pate in this IPP goal.			٠.			7 7			
RM CMS-256	37(02-99) Previous Versions C	bsolele Event ID: DWO411	Fe	cility (D	: 09G119	,  -	<u>il</u>		II co	ntinuation sheet (	Page 24 of 50
				-	,					······································	rags 24 01 \$9

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		AND HUMAN SERVICES & MEDICAID SERVICES						FORMA	10/22/2007, APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILDI	FIPLE CONSTRUC	710	٧		(X3) DATE SU COMPLET	
		09G119	B. WING	··· <del></del> -				10/05	6/2007
NAME OF PR	ROVIDER OR SUPPLIER			REET ADDRESS			ODE		
IDI				4516 EDSON PI WASHINGTO		t .			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(ËACH	COR	R'S PLAN OF O RECTIVE ACTIV RENCED TO TH DEFICIENCY	DN SHO	ULD BE	(X5) COMPLETION DATE
W 210	483.440(c)(3) INDI	VIDUAL PROGRAM PLAN	W 21	0					•
	assessments or re-	er admission, the amount perform accurate assessments as needed to climinary evaluation conducted							. ;
	Based on observat review, the facility to assessments had I after admission by	is not met as evidenced by: ion, interview, and record failed to ensure that been completed within 30 days the interdisciplinary team for nts in the sample. (Client #4)	l E	W210					
	conference with the Professional (QMF PM revealed that C facility on March 1, On October 2, 200 wearing an adult p dependent on staff morning of October observed assisting staff confirmed that with bathing, dress Review of the clier October 4, 2007 reevidence of training Further review of the failed to review that	W196] During the entrance e Qualified Mental Retardation (P) on October 2, 2007 at 9:40 Client #4 was admitted into the 2007.  7, the client was observed retective under garments and for toileting. Also on the er 2, 2007, the staff was the client with his jacket. The at the client needs assistance and toileting.  It's habilitation record on evealed no documented g programs in these domains he client's habilitation records at the client's personal care		TO W	אן שני	lueme illensur pers villbe	g tha	esponse it chent care nessed.	angoing
W 220	skills had been ide 483,440(c)(3)(v) IN	NDIVIDUAL PROGRAM PLAN	W 22	20				•	
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	The comprehensive	e functional assessment must							
ļ	include speech and	language development.				,		!	
ĺ			, ,				i		
}	This STANDARD :	o not mot as added			2 1	andard enced h	Die	be met	
	Based on observeti	s not met as evidenced by: on, interview and record		Ihis	۲۲		٠, ۲.	1	
·	review, the facility fa	alled to provide a speech	!	us en	id	enced k	PY;		
ļ	language assessme	ent to determine the client's	1	المن المن المن المن المن المن المن المن			] ′	ľ	·
	communication nee	eds, for one of the four clients	;						
	in the sample. (Clie	ent #4).	i			;			
	The finding includes	<u>.</u>	•		۱ :				
	ang moddet	·							
l	Observation during	the survey from October 2,			. [			ļ	
	2007 Inrough Octob	per 5, 2007 revealed that		•					
ļ	Client #4 Was non-v	verbal. On October 2, 2007		1 -		;		, <del>-</del>	
	the client his meal	staff was observed feeding The staff would asked the						,	
	client before scoon	ng the food, which food item				ę.			
1	from his plate he wa	anted next. The client did not				·			
	respond verbally, ho	owever, he would turn his				i ;			
	nead away from the	utensil to indicate that he did I				1			
	observed to intention	spoon of food. He was also nally turning over his cup of			. !	1 1			
	water to indicated th	nat he did not want water. The		.		; ; ; ,			
	staff acknowledge th	hat the client communicates				·		İ	
- 1	his dislike for water	by spilling it.		]	1				
].	The stoff indicated N	h-4 (h-a						-	
	Means of communic	hat there were no formal cating with the client.	<b>;</b>					1	
- 1	interview with the Qu	ualified Mental Retardation							
- 1	Protessional (QMRF	<sup>2</sup> ) on October 4, 2007 at	•			, :			
	approximately 11:00	AM indicated that the	1						
	revealed that the let	w on March 28, 2007 erdisciplinary Team (IDT)	1		1	,			
17	recommended to co	ntinue with all previous				:			
	program objectives.	Review of the records			: []				
ļi	revealed that the spe	sech pathologist noted, that				,			
	7(02-99) Previous Versions C								
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 224	"a report" would be Further review of the evaluation by the sign on June 28, 2007, not identify any trainshould be noted the served a pureed did not address the texture diet.  At the time of the sign current functioning 483,440(c)(3)(v) IN The comprehensive include adaptive be skills necessary for function in the com	completed within 30 days, see records revealed that an object therapist was completed. The evaluation however, did ning needs or skill deficits. It at the client was ordered and et. The speech assessment reasons for the pureed.  Urvey, the facility failed to be ceived a current Speech et that documented the client's level.  DIVIDUAL PROGRAM PLAN er functional assessment must haviors or independent living the client to be able to munity.	W 224	achedulassessive to include to diel communicas well shall d	le a Spe nent for ide but and tr nication as com quats.	tinate and ech Therapy chent #4 not limited aining needs aboilities munication	
	Based on observation review, the facility for behaviors and/or in of the five clients in The finding include:  On October 2, 2007 observed during meadaptive spoon, attained plate that had During the process spillage. As the client of the mouth she turned food to spill back in	on, interview and record alled to assess adaptive dependent living skills, for one the sample. (Client #5)		a amer u	fue foll	ow-up with al and pist to water upment of \$1.	

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W 249	opportunity to choosalad.  On October 5, 200 observed eating a dietary order requisalad for lunch and observed pureeing client. When aske in salad dressings she likes dressing to offer the client a 483.440(d)(1) PRO As soon as the intermediate a client each client must retreatment program interventions and and frequency to objectives identified plan.  This STANDARD Based on staff interventions and and coordance with accordance with accordance with the opportunities in accordance with accor	d to provide Client #5 an ose to have dressing on her at 6:10 PM Client #5 was pureed meal for dinner. The red that the client be served at dinner. The staff was the lettuce and served it to the diff the client had a preference, the staff stated "I don't think." There was no attempt by staff a dressing for her salad. DGRAM IMPLEMENTATION erdisciplinary team has its individual program plan, esceive a continuous active in consisting of needed services in sufficient number support the achievement of the ed in the individual program.  is not met as evidenced by: erviews and record review, the isure that clients were provided for continuous active treatment in their Individual Program Plans if four clients included in the #1, #3 and #4)	w		W249 This Ste Builden Refer W12 X19 and and and C. 19	10 s	lard will d by:  The nest with the nest of	l be mae wig: vz41 se eq s ne comp	met as to wioz, and 137 WZ42  supment aterials eded to liance	ongany
		07 Client #4's home activities			MH	n	hus stan	uva i	•	
EOGM CME	 2567(02-89) Previous Version	······································	411		acilty ID: 08G1	19		[f cor	itinuation shee	Page 31 of!
- CHAI CINO	<u> </u>		•		]					-

W 242

483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN

The individual program plan must include, for

W 242

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W 242	Continued From pa	age 28	W 242	W242	continuer	lea,	
-	skills essential for particulating, but not including, but not in personal hygiene, bathing, dressing, of basic needs), unthat the client is described.	ack them, training in personal privacy and independence imited to, toilet training, dental hygiene, self-feeding, grooming, and communication till it has been demonstrated evelopmentally incapable of		This Sto	inda ad will	be met as	-
1	Based on observative review, the facility individual program personal skills in b	is not met as evidenced by: tion, staff interview and record failed to ensure that clients' plans (IPP) included training in oth formal and informal setting clients-in the sample. (Client		eriden en amer proo	zeel by.  uill provide  vams as	training reeded to	11.13.07 ongoing
	Qualified Mental R (QMRP) on Octob	de: ance conference with the letardation Professional er 2, 2007 at 9:40 PM revealed admitted into the facility on		ante che con	ep will do mots ma my #4's Al mote var	te toward only to done skills.	
	wearing an adult p dependent on state morning of October observed assisting	O7, the client was observed protective under garments and if for toileting. Also on the er 2, 2007, the staff was g the client with his Jacket. The at the client needs assistance sing and toileting.		a QM		reduct additiona	
	October 4, 2007 r evidence of training Further review of	nt's habilitation record on evealed no documented no programs in these domains the client's habilitation records at the client's personal care					;
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и		09G119	8. WING					10/05	/2007
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	skills had been idei	_		m == 0D		ممددمه	boothal	المراشم	1
	5 Davidson of City			A CHIKK I	WILL	develop a for clien	1001N	Musiking	
		t #3's medical record revealed on dated June 6, 2007. The	Ī	progra	X( Y )	701: 01:0		·	
	consultation indicat	ed that the client had heavy							
	calculus deposits a	nd poor oral hygiene.							
	Review of the IPP :	dated April 25, 2007 falled to				-			
	identified a toothbr								
W 247	483.440(c)(6)(vi) IN	IDIVIDUAL PROGRAM PLAN	W 24	17 W24	7		İ		
	The individual proc	ram plan must include		}					i
	opportunities for cli		ļ	775 9x		land wil	ho w	n + NA	1
	self-management.			Trus Bu	w	tau wa	1	us w	,
		-		endeni	ced	by;		-	
		is not met as evidenced by:				Ų .			ı
		ion, staff interview, and record		1 -					
		failed to ensure that each client pportunity for clients choice for			li i d	es Pacific de	1	٠٠٠٠	
	two of the four clie	nts in the facility. (Clients #3		* *			-		
	and #5)	• •					ļ		}
	The findings include	loet		# 000	טי	will impl	ement	stratagie.	\$
	The findings includ	165.		and t	771	ining for	Armont	cano stat	<b>.</b>
		d to ensure that Client #3 was		1 .	- 4	* 1	1.		11.14.07
	provided an oppor his clothing.	tunity to participate in selecting		MMc	<b>*</b>	focus on	Lixido	ma Lina	onaping
	ino otominig.		1		,yo	ce laeci	₽10√	maeury Dem e	1 4
		7 at 3:45 PM, a pair of jeans		= aux	ኋ. ፍ	er m	mac	Jun 2	77
		erved on Client #3's nightstand. direct care staff at 6:00 PM					اند. حا	I manita	,
		clothes were selected by the		■ QIWK	KIH	lome Manac	w WII	r HWIMIN	
	staff for the client	o wear on the next day.		l and o	pro	vide oversi	ight t	o burther	1
		IPP dated April 25, 2007 ive which stated, "Five days a		2.46	ا لم ا	that sta	K WVI	ntain	
,		over hand assistance, [the		lensi	N	THE THE	ماسك	suphich	
		selection of what clothes to		athtu	iae	s and ac induid	witte	101CP2	
<u> </u>	wear daily in 80%	of the trials presented for six		prom	ा स	i (nawia	1		<u>'</u>
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proactive strategies.

e) After lunch, at approximately 1:30 PM, direct

care staff took the client on a van ride.

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October 4, 2 evidence of Further revi failed to rev skills had be 3. Review recommend consistently Review of	adult protect on staff for to October 2, 20 assisting the c	client was observed ive under garments and bileting. Also on the 007, the staff was client with his jacket. The client needs assistance nd toileting.								
recommend consistently Review of objectives	2007 revealed of training providew of the cli-	abilitation record on ed no documented grams in these domains. ent's habilitation records client's personal care d/assessed.	-					-		
objectives 1	nded training	s IPP revealed that programs were not ed as evidenced below:								
lower extre auditory sk did the state participate	to enhance sower range of temitles, and the kills. At no tire of the contract the c	I's IPP revealed sensory awareness, to motion and strengthen to improve ambulation and eduring the observation ourage, the client to a forementioned progrand below.	ns				( :			
feel/manip minutes wi	pulate Items i	ek, the client will in his feel box for three ir hand assistance for six y 10/07.					÷ .			
Interview v Profession		lified Mental Retardation on October 4, 2007				1 1 1			· •	

During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Client #3 was not

b) Review of Client #3's IPP dated April 25, 2007 revealed an objective that the client will sit on the edge of the bed for two minutes three times a day without assistance for three months.

There was no observations of the client participating in this activity. According to the data sheets since June 2007 the direct care staff were documenting only twice a day.

c) Review of Client #3's IPP dated April 25, 2007 revealed an objective that the client will tolerate stretching to his lower extremities daily for two minutes each stretch for six months.

There was no observations of the client participating in this activity. According to the data sheets since June 2007 the direct care staff were not documenting the number of minutes.

d) Review of client's IPP dated April 25, 2007

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	revealed an ob week, given ha client] will make wear daily in 80 consecutive me	jectiv nd ov e a se 0% of	e which stat er hand ass election of w the trials pr	sistance, [the hat clothes esented for	e to	***							
	On October 2, and shirt was of Interview with the indicated that the staff for the clied was no evident client to participation.	bsen he dir he clo ent to ce tha	ed on Clien ect care state othes were s wear on the at the facility	t#3's nights iff at 6:00 Pt elected by t next day,	stand. M the There					: : :			
	3. During the e October 2, 200 minimal to no a completion of t assisting the cl and eating uter was located in IPP objective o	7, Cliussistand in Clius in Cl	ent #1 ate hance from seal, the staff vith her mea o another staff tchen. Revitober 4, 200	er meal with taff. Upon t f who was I, passed th aff person wiew of the cl 7, revealed	he dish vho lients that					1.			
W 250	the client had a daily living skills client was required physical assistation plate to the presented for successful comportunity to p 483.440(d)(2) F	s. To ired " ance, kitch ix coi 7, Cli artici	accomplish, after din [Client Namen on 100% asecutive ment #1 was in	n this goal, the meal, gine) will remone of the trials onths." On not afforded IPP goal.	he iven ove	w	250	W250					
	The facility must schedule that of program and the relevant staff.	utline	s the currer	nt active trea	atment	-	· .						
ORM CMS-25	667(02-99) Previous Ve	rejona (	Obsolete	Event II	D: DWQ411		Fac	cility ID: 09G119	1		1f contin	watles sheet	Page 36 of 59
			*				, 24				a Contar	mativit sneet	. Fage 35 01 59

staff did provide any further

redirection/intervention. According to the Client's current Behavior Support Plan, reviewed on October 3, 2007, required the staff to ask the

NOV-9-2007 07:54 FROM:

P.10

To: 2024429430

P.2

NOV-9-2007

08:00

FROM:

 NOV-9-20	08:01 FR	ROM:		- 	TO:2024429 <sub>1</sub>	430	F	P.3
TOL TEL	EUUI UU.EU FA.	A 202442840 BAA		ι			क्ति ।	J 3 4
		TH AND HUMAN SERVICES RE & MEDICAID SERVICES		: 1 : :	;		PRINTED: FORM A OMB NO. (	.PPROVED
TALEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	N		(X3) DATE SUI COMPLET	
		09G119	B. WING				10/05	/2007
NAME OF PE	ROVIDER OR SUPPLIE	R	2	TREET ADDRESS, CIT		ODE		;
וסו				4515 EDSON PLAC WASHINGTON, D	C 20019			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	/EACH CÓ!	ER'S PLAN OF CO RECTIVE ACTION RENCED TO THE DEFICIENCY	N SHO E APPR	ULD BE	(X5) COMPLETION DATE
W 247	skills had been in the series of the individual proportunities for self-management of the four of the four of the four of the four of the four of the four of the four of the four of the four of the self-management of the four of the f	dentified/assessed.  ient #3's medical record revealed ation dated June 6, 2007. The icated that the client had heavy is and poor oral hygiene.  P dated April 25, 2007 failed to abrushing program.  I) INDIVIDUAL PROGRAM PLAN regram plan must include r client choice and ant.  D is not met as evidenced by: reation, staff interview, and record ity failed to ensure that each client in opportunity for clients choice for clients in the facility. (Clients #3	W 24	amp will program  This standenced and tra which of cino	land will by; will imple will imple for a focus on the decision on the focus of the focus on the focus on the focus on the focus on the focus on the focus on the focus of the focus on the focus of the focus on the focus of the	be i	met as t cane sta soutrance making general	11.14.07 onapino
FORM CMS-2	Review of clien revealed an ob week, given ha client] will make	ent to wear on the next day. It's IPP dated April 25, 2007 Jective which stated, "Five days a nd over hand assistance, [the e a selection of what clothes to ]% of the trials presented for six	111	ة اسبطاما	vide oversion that staff and act individu	tuine	es which	
		:		:	<b>!</b> :			

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 FORM APPROVED

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO.	0938-0391
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		09G119	B. WING _		10/0:	5/2007
NAME OF P	ROVIDER OR SUPPLIER		STR	REET ADDRESS, CITY, STATE, ZIP		<u> </u>
101			4:	515 EDSON PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
	from 8:00 AM to 1:3 revealed the following a) Upon the surveyor. AM Client #4 was operating to eat his served his breakfast meal time preparation client was independent used hand over hard him to complete his b) At appoximately breakfast, the client where he remained was periodically obtained by breakfast, the client where he remained was periodically obtained by breakfast, the client where he remained was periodically obtained by breakfast, the client where he remained was periodically obtained by breakfast, the client where he remained was periodically obtained by breakfast, the client where he remained was periodically obtained in front of the Client #4 was observed in his when positioned in front of the client was obtained by the client was obtained by the client was the client to ask the client stop, the staff was remained down from his proactive strategies.	ors arrived to the home at 8:00 bserved at the kitchen table breakfast. The client was at and did not participate in the on or service. Although the lent in feeding himself, staffind assistance to encourage meal.  8:30, after completing his was taken to his bedroom until lunchtime. The client served in his bedroom lying on without active activities.  12:00 PM, the client was elchair to the living room and of the television.  approximately 12:30 PM, red exhibiting face slapping ext care staff intervened by won't have that". The client or momentarily. The staff did redirection/intervention. ent's current Behavior Support October 3, 2007, required the not to stop. If the client did not required to move the client's face and continue with	W 249	wz49, Continue manage provide oversight oversight oversight out material pattern interactions of for each chient.  • amely will never objectives to enterventions documentate program of its sufficient and frequent support ac	per will it and diectin omote a rn of und supports  I all program ensure that on of byectives	11.20.07 ongoing
	vare stair took the d	ment on a van nde.				

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NQV-9-2	207 08:02 FRO	M:			, , , , , , , , , , , , , , , , , , ,	TO:2024429	430		P.5
	NACHT OF USALTU	AND HUMAN SERVICES			,			FORM A	10/22/2007 PPROVED
DEPART	MENT OF HEALTH	& MEDICAID SERVICES						<u> </u>	0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		E CONSTRUCTION	, 		X3) DATE SUI COMPLET	
· <u>-</u>		09G119	B. WIN					10/05	/2007
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>			ET ADDRESS, CIT		ODE		Ì
IDI					5 EDSON PLACE ASHINGTON, D	C 20019			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH COR	R'S PLAN OF CO RECTIVE ACTION RENCED TO TH DEFICIENCY)	N SHOU E APPRO	ĽD 8Ε	COMPLETION . DATE
W 249	Continued From pa	age 32	W :	- 249 ·					
	2. Interview with s	taff on October 2, 2007 it #4 dependents on staff for							
	wearing an adult p dependent on staf morning of Octobe observed assisting	7, the client was observed rotective under garments and for toileting. Also on the 2, 2007, the staff was the client with his jacket. The at the client needs assistance sing and toileting.							
*	October 4, 2007 revidence of training	nt's habilitation record on evealed no documented ag programs in these domains. The client's habilitation records at the client's personal care entified/assessed.	-			ī	-		
	recommended tra	nt #4's IPP revealed that ining programs were not mented as evidenced below:		,			,		
	objectives to enha- improve lower ran- lower extremities, auditory skills. At did the staff direct	ent #4's IPP revealed ance sensory awareness, to age of motion and strengthen, and to improve ambulation and to time during the observations tencourage, the client to of the aforementioned program denced below:							
	féel/manipulate it	er week, the client will tems in his feel box for three d over hand assistance for six ths by 10/07.				·			
	Interview with the Professional (QN	e Qualified Mental Retardation IRP) on October 4, 2007		·					
FORM CMS	:-2567(02-89) Previous Versi	ans Obsolete Event ID: DWO	411	Fa	dity (D: 08G118		If cont	inuation shee	et Page 33 of

P.6 春年 640

PRINTED. 10/22/2007

FORM APPROVED OMB NO. 0938-0391

DEPARTMENT	OF HEV	LTH AND	HUMAN	SERVICES
CENTERS FOR	MEDICA	ARE & MÉ	DICAID	SERVICES

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

	F CORRECTION	IDENTIFICATION NUMBER	A BUILDING			COMPLE	TED
		09G119	B. WING			10/0	5/2007 ·
NAME OF P	ROVIDER OR SUPPLIER		45	EET ADDRESS, DI 15 EDSON PLAC ASHINGTON,	CE, NE	CODE	, , ,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH ÇΦ	ER'S PLAN OF C RRECTIVE ACTIV ERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(XS) ; COMPLETION DATE
W 249	revealed that there such items. Revier revealed that the program was being by [The client] will minutes two times months.  Although the data program had been was no evidence to implemented during Additionally, the difference of the hormoderate physical 100% accuracy for Although the Octobrefected that this implemented one not observed during the facility fai program objectives.	e was no box available with wo of the data, however, brogram was being that the client had acheived the since April.  I could not explain how the g implemented without the box.  I dance with staff for three per day 100% accuracy for six collection refect that this implemented in the past, there that the program had been not the survey period, ata collected did not measure e objective. [Also See W252]  I ambulate one trip around the ne two times a day with I assistance of one person at or six months".  Ober 2007 data collection program was being time a day, this program was not the survey period.  Iled to implement Client #3's	W 249				
		the Client#3 was admitted to					

the facility on March 26, 2007.

During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Client #3 was not

P.7

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 FORM APPROVED

CENTER	12 LOK MEDICAKE	& MEDICAID SERVICES				<u> </u>		(	JMB NO.	. 0938-0391
STATEMENT AND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUC G	LION		(	X3) DATE SI COMPLE	
·		09G119	B. Wil	NG	 	<u> </u>			10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			4	REET ADDRESS. 515 EDSON PL VASHINGTON	ACE, NE		ODE		:
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREP TAG	ıx	PROV	IDER'S PL ORRECTI FERENCI	AN OF CO	N SHQUI E APPRO	DBE	(X5) COMPLETION DATE
W 249	treatment programs At 3:30 PM, the clie program and shorth 3:45 PM, was taken observed to lie in be was observed to lie in be was observed to ne transferring from hit.  At 6:55 PM, the clie room and positione where he remained feeding at 8:00 PM, that the staff preser leisure time activitie other activity.  b) Review of Client revealed an objective dge of the bed for without assistance. There was no obserparticipating in this sheets since June 2 documenting only to the participating to his low minutes each stretch the since June 2 sheets sheets since June 2 sheets sheets since June 2 sheets	mal or informal active int arrived home from his day y thereafter, at approximately into his bedroom. He was ed until 6:55 PM. The client ied total assistance in is wheelchair to and from bed. Into was propelled into the living d in front of the television, until he received his G-tub There was no observation ited the client with a choice of its or engaged the client in any  #3's IPP dated April 25, 2007 we that the client will sit on the two minutes three times a day for three months.  rvations of the client activity. According to the data 2007 the direct care staff were wice a day.  #3's IPP dated April 25, 2007 we that the client will tolerate wire that the client will tolerate were extremities daily for two	W	249	WZHq	1.1	TOTELNO )			
		s IPP dated April 25, 2007						•		•

NOV-9	-2007 08:03 FRO	M: Evetteotov maa			ī	TO:2024429	9430		P.8
DEPAR CENTE	RTMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES						FURM	) 10/22/2007 APPROVED ) 0938-0391
STATEMEN	IT OF DEFICIENCIES UF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A BUI		TIPLE CONSTRUCTION			(X3) DATE COMPL	SURVEY
Įm.		09G119	B. WI	NG _				10/	05/2007
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS. CIT	, STATE, ZIP CO	DDE	107	0012001
ID;					4515 EDSON PLAÇE WASHINGTON, DO	***			į
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		I (EACH CORE	S PLAN OF CO ECTIVE ACTION ENCED TO THE DEFICIENCY	IOH2 I	Ji D RE	(XS) COMPLETION DATE
W 249	Continued From page	je 35	W	249		<u> </u>			<del>                                     </del>
•,	week, given hand or client] will make a si wear daily in 80% or consecutive months			. 1		· .			
	and shirt was obsert Interview with the difindicated that the clost staff for the client to	at 3:45 PM, a pair of jeans yed on Client #3's nightstand. rect care staff at 6:00 PM of the were selected by the wear on the next day. There at the facility encourage the nithis task.							
W 250	minimal to no assistation of the massisting the client was located in the kilph objective on Oct the client had a goal daily living skills. To client was required physical assistance, her plate to the kitch presented for six cor October 2, 2007, Clie opportunity to particip	ig meal observation on ent #1 ate her meal with ance from staff. Upon the eal, the staff who was with her meal, passed the dish of another staff person who token. Review of the clients ober 4, 2007, revealed that to increase her activities of accomplish this goal, the after dinner meal, given [Client Name] will remove ean on 100% of the trials is ecutive months." On each #1 was not afforded an oate in this IPP goal.	W 2	50	W250				
	The facility must devischedule that outline	elop an active treatment is the current active treatment eadily available for review by			70250				
•	·				;				
RM CMS-25	67(02-89) Previous Versions O	psofete Event ID: DWO411		<u> </u>	ility ID: 08G118				;
-						If c	ontinu	ation sheet F	Page 36 of 59 :

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED.	10/22/2007
FORM	APPROVED
OMB NO	0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

09G119

B. WING

PREFIX

TAG

W-250

10/05/2007

(X5) COMPLETION

ongoing

NAME OF PROVIDER OR SUPPLIER

(X4) ID

PRÉFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP GODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019

W 250 Continued From page 36 This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to develop an active treatment schedule that outlines current active treatment program when clients are home from

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

The finding includes:

sample. (Client #4)

Upon the surveyors arrived to the home at 8:00 AM, Client #4 was observed at the kitchen table preparing to eat his breakfast. The client was served his breakfast and did not participate in the meal time preparation or service. Although the client was independent in feeding himself, staff used hand over hand assistance to encourage him to complete his meal.

the day program for one of the four clients in the

At approximately 8:30, after completing his breakfast, the client was taken to his bedroom where he remained until lunchtime. The client was periodically observed in his bedroom lying on his bed without any without constructive/habilitation activities.

At approximately 12:00 PM, the client was escorted in his wheelchair to the living room and positioned in front of the television.

At 12:30 During Junch, at approximately 12:30 PM, Client #4 was observed exhibiting face slapping behaviors. The direct care staff intervened by stating "Oh, no we won't have that". The client ceased the behavior momentarily. The staff did provide any further redirection/intervention. According to the Client's current Behavior Support Plan, reviewed on October 3, 2007, required the staff to ask the

W250, continued...

This Standard will be met as evidenced by

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY

amer will provide additional training as needed for all staff on individualized schedules, location of active treatment schedules as well as implementation of schedules. 11.20.07

chedules as needed to allow flexibility, personal preferences and normal routine.

omer will develop schedules as needed for chient #4.

#1 and #4)

This STANDARD is not met as evidenced by: Based on review of clients individual program

plans (IPPs), the interdisciplinary team (IDT)

failed to make revisions or to justify the repetition of the objectives from the previous year, for two of the four clients included in the sample. (Clients

action for failing to

change

effectively respond to and

implement program monitoring

10.31.07

ongoing

NOV-9-20	07 08:05 FROM:	Para Carlo		i	TO:2024429		2.12 /44
CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		! : : : : : :		FORM	: 10/22/2001 APPROVED 10938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTAL BUILDI	TIPLE CONSTRUCT	ИФИ	(X3) DATE S COMPLI	
		09G119	B. WING		<del> </del>	10/5	\E/2007 \
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	st	REET ADDRESS	CITY STATE ZIE		5/2007
IDI				4515 EDSON PL WASHINGTON	ACE, NE	<b>700</b> 2	•
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	IDER'S PLAN OF ORRECTIVE ACT FERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	2007. The IPPs ide support plan (ISP) of were continued from with the QMRP and acknowledged the fall assessments.  b) The client's ISP is assessments.  c) The client prograprevious year withous year withous year withous 2. During the entra Qualified Mental Re (QMRP) on Octobe that Client #4 was a March 1, 2007. Clie and documentation 2007. The IPPs ide support plan (ISP) of were continued from The written IPPs rescriterions and object was no documentation during the March 20 meeting.  3. The facility failed	essments, IPPs and e reviewed on October 3, entified in the client individual dated September 28, 2006 in the previous ISP. Interview the Residential Director following:  Inad expired;  Inad expired;  Individual date of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the territory of the client individual dated September 28, 2006 in the previous ISP.  Ilected that these program the tree were not revised. There is no finterdisciplinary team throughout the objectives of 30 day admission  to review and revise Client ally as evidenced by the	W 260	W260)  A Current  O QM RP  Progress  Interdis  OMEP W  Objects  as no	TSP has be will down modifical aplinary to will review es modificated.	een filed. ment individual runs and eam reviews. all program y change	engoing
	• -		•	,	- <del>:</del>		•
. 7				1 1 1	 		

TO:	20244	12943
10.		エーンマー

P.13

DEPAR CENTR	RTMENT OF HEALTH	HAND HUMAN SERVICES  BE MEDICAID SERVICES		1	:	PRINTE FOR	D: 10/22/200 M APEROVEI
STATEME	VT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1		<del>;</del>	OMB N	O. 0938-039
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILI	LTIPLE CONSTRUC	NOIT	(X3) DATE COMP	SURVEY 1
		09G119	B. WING	·	·	40	(a = 10 a a = -
NAME OF	PROVIDER OR SUPPLIER			TREET ADDRESS	CITY STATE 7		/05/2007
1D1				4515 EDSON PL	ACE, NE	r code	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROV (EACH (	VIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE	(X6) i COMPLETION DATE
W 263	Review of Client #1 October 3, 2007 rev Support Plan (ISP) 1, 2006, Interview of the Judge. Review of objectives and assessed were all outdated an objectives had not be 483.440(f)(3)(ii) PROCHANGE  The committee show are conducted only of the client minor) or legal guardinory or legal guardinory modification written informed conguardian for one of the sample. (Client #4)	's program records on realed that her last Individual meeting was held on August with the QMRP on the same e client's ISP meeting was to 2007 due to a decision made of Client #1's program ssments revealed that they do that the IPP programs and een revised.  DGRAM MONITORING & ald insure that these programs with the written informed parents (if the client is a dian.  not met as evidenced by:  n, interview and record ed to ensure program which e techniques and use of the client, or legal ne four clients in the the	1	This Stormer windown	Mary 1140	l be met y; oritlen for use	11.20.07 ongoing
	The finding includes:	ce of written informed		support	plan.		
N 322	consent for the use o Support Plan prior to Included restrictive m 483.460(a)(3) PHYSI	f Client #4's Behavior the implementation of which easures. [See W124] CIAN SERVICES	W 322	In future	amer willen cons	oonse to W124 111 make sure ent 15 preser plementation	it
_	general medical care.	ide or obtain preventive and		;		a: •	
					1 :	1	

"Since March 2007, Client #1 has lost 13 pounds, which is over 10% of her body weight. There was no evidence that Client #1' intake is being closely monitored and recorded or that there was

follow-up to her incomplete study/pelvic

		I AND HUMAN SERVICES & MEDICAID SERVICES			FORM	: 10/22/2001 APPROVE( : 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY
		09G119	B. WING _		10/0	5/2007
IDI	ROVIDER OR SUPPLIER		4	REET ADDRESS, CITY, STATE, ZI 515 EDSON PLACE, NE VASHINGTON, DC 20019	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REPERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE
W 322	sonogram, which to Client #1 was a 60 of cerebral palsy, s hypercholesteremia Reynaud 's diseas last toe of right leg was low fat/cholest ground hot dogs ar a nutritional assess Client #1 had an id	year old female with diagnosis eizure disorder, a, profound mental retardation, e, malignant melanoma with amputated. Her diet order erol, chopped with added fiber, ad turkey bacon. According to sment dated August 31, 2006, eal body weight (IBW) of 85 - ew of the client 's weight charts ing:  accorded in pounds)  105 107 105 106	W 322	RN will conduct training for LPN's mondoring were trends.  Murses will be immediately re to RN and p physician.  Moloservations a good and food continued.	expected to paint concerns runary care how chent doppetile nues to	
ORM CMS-25	OCTOBER 2007 - 9		Far	ility ID; 09G119	If completely to	B (2.4
					If continuation sheet	raya 4ათეგ

NOV-9-2007 08:07 FROM:

P.15 W.047

be performed for further evaluation. The Pelvic sonogram was completed on June 29, 2007, and revealed "no significant findings." Upon his notification of the weight loss on May 2, 2007, the

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 FORM APPROVED OMB NO. 0938-0391

CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			UMB NO.	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		09G119	B. WING		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP 4515 EDSON PLACE, NE WASHINGTON, DC 20019	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
W 322	PCP ordered a cheviews). The study and was found to be interview with the foctober 4, 2007 revery reliable dieticidiscontinued her sprovider contracted nutritional oversight indicated that "we #2was not providing we thought she was stated that they are services and that indictician. On Octobrequested the condictician #2. The that there was a condition and was not average if there we be included in the client quarterly reviews to record. Interview with the 2007, revealed that some days should not eat well we the food being serprogram on the sallook at the clients not see a need in	est x-ray (posterior and lateral was completed on May 7, 2007	W 322	W322.  Mutritionist will to monitor we gain and write and/or as need to reflect interval.	ded clocumen	11.14.07 ongoing

		I AND HUMAN SERVICES			- 1		/ TO/227200
CENTE	INS FOR MEDICARE	& MEDICAID SERVICES					0938-039
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) M A BUI		PLE CONSTRUCTION	(X3) DATE S COMPLI	
, <del></del>		09G119	B, WIN	۱G		4011	1 <i>E/2</i> 007
NAME OF I	PROVIDER OR SUPPLIER			45	EET ADDRESS, CITY, STATE, ZIP 515 EDSON PLACE, NE (ASHINGTON, DC 20019		05/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLETION DATE
W 322	Review of the physi the client's weight Observations at the throughout the inve- #1 ate 100% of the Although the nurses weights monthly as discovering the weigh not informed the nut physician was not in	cian 's orders reflected that should be weighed monthly, day program and the facility stigation revealed that Client meals observed.  I documented the client 's ordered, the nurse pht loss on April 7, 2007 did critionist or the physician. The formed of the client 's weight	, w 3		A Recommendation work will be co a timely marine ordered.  Client #2's fo Visit with the	ompleted in a cus	
	evidenced that the faprovide consistent n #1 from August 2006 3. The facility failed recommendations m Neurologist regardin	2, 2007. There was no acility employed a dietitlan to utritional oversight to Client 5 to October 1, 2007.	٠		completed the Nucloglagest Discontin & PV Levels be to months.	a month. ordered nenobarbita Lkan 82	ongoing
	revealed that she wa The Neurologist reco Dilantin and Phenoba laboratory studies, The office with all lab resi Primary Care Physici Neurologists ' recom	s neurology consultations is seen on August 2, 2007. Immended obtaining monthly arbital levels, along with other ne client was to return to his fulls in two months. The isn (PCP) concurred with the imendation and ordered the 17. The test were completed llowing:			a RN will continue conduct rout record review ensure that I are done as	K to	
	September 18, 2007 Normal Value - 1 Phenoba	0-20					:

15 - 40

FORM CMS-2567(02-88) Previous Versions Obsolote

May 2007

June2007

July 2007

March 2007 - 120 April 2007 - 116

August 2007- 111.5

112

113

113

Event ID: DW0411

Fadility ID: 08G119

If continuation sheet Page 47 of 59

пIVV

NOV-9-2007 09:02

FROM:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICARE & MEDICARD SERVICES  STATEMENT OF DEPOCRACIES  AND CHARGE CHOIN  ORGANIC CONTROLL OF CONTROLL OF STATEMENT OF DEPOCRACING AND CHARGE OF CONTROLL OF CONTROLL OF COMPRESSION OF CONTROLL OF COMPRESSION OF CONTROLL OF COMPRESSION OF COMPRESSION OF CONTROLL OF COMPRESSION OF COMPRES	NOV-9-200	09:03 FROM:				TO: 202442943		⊃.5 Ja4
STATEMENT OF DEFICIENCES (XT) FROM PAIN OF CORRECTION O 93341  NAME OF PROVIDER OR SUPPLIER  1D1  NAME OF PROVIDER OR SUPPLIER  1D1  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX PROVIDER OR SUPPLIER  1D1  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX PROVIDER OR SUPPLIER  1D1  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX PROVIDER OR SUPPLIER  1D2  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX PROVIDER OR SUPPLIER  1D1  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX PROVIDER OR SUPPLIER  1D1  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEFINITIONS INFORMATION)  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEFINITIONS INFORMATION)  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEFINITIONS INFORMATION)  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEFINITIONS INFORMATION)  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEFINITIONS INFORMATION)  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEPTICE  STREET ADDRESS, CITY, STATE, UP CODE  4515 EDSON PLACE, NE  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DEPTICE  ARESULATION CRESS DEPTICE  ARESULATION CRESS DEPTICE  ARESULATION CRESS DEPTICE  ARESULATION CRESS DATE OF CORRECTION  ARESULATION CRESS DATE OF COMPRETATION  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DATE OF COMPRETATION  PROVIDERS PLAN OF CORRECTION  ARESULATION CRESS DATE OF COMPRETATION  ARESULATION CRESS DATE OF CORRECTION  ARESULATION CRESS DATE OF COMPRETATION  ARESULATION CRESS DATE OF CORRECTION  ARESULATION CRESS DATE OF COMPRETATION  ARESULATION CRESS DATE OF CORRECTION  ARESULATION CRESS DATE OF COMPRETATION  ARESULATION CRESS DATE OF CORRECTION  ARESULATION CRESS DATE OF CRESS DATE OF CORRECTION  ARESULATION CRESS DATE OF CRESS DATE	DEPAR1		·		. 1			!
STATEMENT OF DEPROKENCES OF PROVIDER OSCITUTO NUMBER OSCITUTO								
NAME OF PROVIDER OR SUPPLIER  ID I  STREET ADDRESS, CITY STATE, ZIP CODE 4515 ESSON PLACE, NE WASHINGTON, DC 20019  CQUID CQUID CQUID CAUTORY OR LSC IDENTIFYING INFORMATION)  TAG  CACH DETECNOY MUST BE PRECEDED SPITIL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 331  Continued From page 49  This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of three of four clients in the sample. (Clients #2, #3 and #4)  The findings include:  1. The facility's LPN failed to follow Client #3's physician order that required the nurse to give pleasure feeding 15 minutes after regular scheduled feeding.  On October 3, 2007 at 10:35 AM, the Licensed Practical Nurse (LPN) was observed feeding Client #3 through his G-tube. The G-tube feeding of cranberry Julce. Interview with the LPN indicated that the client had been doing well with his pleasure feeding.  Review of Client #3's culment physician order required the client that been doing well with his pleasure feeding.  Review of Client #3's culment physician order required the client to receive phasaure feedings 15 minutes after each schedule G-Tub feeding (1:100 AM, 4:00 FM and 8:00 FM). Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the client should wait the required 15 minutes to ensure that his stomach was "not overloaded with figulds."  2. The facility's nurse failed to schedule medical consultation appointments for Client #3's, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40.0  Professional CQMRP) on October 2, 2007 at 9:40.0  Professional CQMRP) on October 2, 2007 at 9:40.0  Professional CQMRP) on October 2, 2007 at 9:40.0  Professional CQMRP) on October 2, 2007 at 9:40.0	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		1	TION	(X3) DATE S	3UKVEY
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ID I  X4 ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYINS INFORMATION)  W 331  Continued From page 49  This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of three of four clients in the sample. (Clients #2, #3 and #4)  The findings include:  1. The facilitys LPN failed to follow Client #3's physician order that required the nurse to give pleasure feeding 15 minutes after regular scheduled feeding.  Cin October 3, 2007 at 10:35 AM, the Licensed Practical Nurse (LPN) was observed feeding client #3 through his G-tube. The G-tube feeding of cranberry Jules. Interview with the LPN indicated that the client had been doing well with his pleasure feeding the client to receive pleasure feeding (11:00 AM, 4:00 PM, retrief interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the client should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids."  2. The facility's nurse failed to schedule medical consultation appointments for Client #3, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 94 on Descriptions and provided and provid	NAME OF P	ROVIDER OR SUPPLIER		ST	REFT ADDRESS	CHY STATE ZIP C		J5/2007 ,
PREPRY TAG  (CACH DEPICIENCY MUST BE PRECEDED BY FILL RESULATORY OR LSC DENTIFYING INFORMATION)  W 331  Continued From page 49  This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of three of four clients in the sample. (Client #2, #3 and #4)  The findings include:  1. The facility's LPN failed to follow Client #3's physician order that required the nurse to give pleasure feeding 15 minutes after regular scheduled feeding.  On October 3, 2007 at 10:35 AM, the Licensed Practical Nurse (LPN) was observed feeding ended at 11:05 AM. At 11:08 AM, the LPN was observed feeding the client his pleasure feeding of cranberry jule. Interview with the LPN indicated that the client had been doing well with his pleasure feeding.  Review of Client #3's current physician order required the client to receive pleasure feedings 15 minutes after each schedule G-Tub feeding (11:00 AM, 4:00 PM and 8:00 PM). Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the client should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids."  2. The facility's nurse failed to schedule medical consultation appointments for Client #3, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:400	IDI			4	4515 EDSON PL	ACE, NE	CODE	:
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On October 3, 2007 at 10:35 AM, the Licensed Practical Nurse (LPN) was observed feeding Client #3 through his G-tube. The G-tube feeding ended at 11:05 AM. At 11:08 AM, the LPN was observed feeding the client his pleasure feeding of cranberry juice. Interview with the LPN indicated that the client had been doing well with his pleasure feeding.  Review of Client #3's current physician order required the client to receive pleasure feeding (11:00 AM, 4:00 PM and 8:00 PM). Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the client should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids."  2. The facility's nurse failed to schedule medical consultation appointments for Client #3, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40.		accordance with the in the sample. (Clie	needs of three of four clients ents #2, #3 and #4)					
Practical Nurse (LPN) was observed feeding Client #3 through his G-tube. The G-tube feeding ended at 11:05 AM. At 11:08 AM, the LPN was observed feeding the client his pleasure feeding of cranberry juice. Interview with the LPN indicated that the client had been doing well with his pleasure feeding.  Review of Client #3's current physician order required the client to receive pleasure feedings 15 minutes after each schedule G-Tub feeding (11:00 AM, 4:00 PM and 8:00 PM). Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the client should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids."  2. The facility's nurse failed to schedule medical consultation appointments for Client #3, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40		physician order that pleasure feeding 15 scheduled feeding.	required the nurse to give minutes after regular		RN W traini pleasi order	ill provide no as nea ve feedin ed.	additional ded on g as	
Review of Client #3's current physician order required the client to receive pleasure feedings 15 minutes after each schedule G-Tub feeding (11:00 AM, 4:00 PM and 8:00 PM). Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the client should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids."  2. The facility's nurse failed to schedule medical consultation appointments for Client #3, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40	.:	Practical Nurse (LPI Client #3 through his ended at 11:05 AM. observed feeding the of cranberry juice. In indicated that the cli-	N) was observed feeding S G-tube. The G-tube feeding At 11:08 AM, the LPN was e client his pleasure feeding nterview with the LPN ent had been doing well with	-	obser Comp Stan	vations to hance wr dard.	th this	10:18:07
a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40		required the client to minutes after each s (11:00 AM, 4:00 PM interview with the Re 2007 at approximate client should wait the ensure that his stom	receive pleasure feedings 15 chedule G-Tub feeding and 8:00 PM). Further egistered Nurse on October 3, lely 2:00 PM revealed that the erequired 15 minutes to		1			
Professional (QMRP) on October 2, 2007 at 9:40	1	consultation appoints	nents for Client #3, timely.					
AM, revealed that Client #3 was admitted to the	. []	³rofessional (QMRP	) on October 2, 2007 at 9 40 L		٠		-	
ORM CMS-2587(02-99) Previous Vársions Obsolete Event ID: DW0411 Fadility ID: 09G118 If continuation sheet Page 50 o	ORM CMS-2587	7(02-99) Previous Versions O	bsolete Event ID: DW0411	Fad	lity ID; 08G118		continuation	

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ибñ-ā-5	2007, 09:03 FRO	4: 			:	TO:2024429	430	- <del>20</del> .1	P.6
		AND HUMAN SERVICES			; ; ;			FURM :	10/22/2007 APPROVILU 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PPOYIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) M		PLE CONSTRUCTIO	Ni.		CMB NO.	IRVEY
<u>-</u>		09G119	B. WI	NG	j	1		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			48	EET ADDRESS, CIT 516 EDSON PLAC /ASHINGTON, D	E, NE	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH COR	ER'S PLAN OF CO RECTIVE ACTIO RENGED TO THI DEFICIENCY)	N SHO E APPE	NTD BE	COMPLETION DATE
W 331	the client was obset of client's clinical restricted for a knee brate assessment recomfitted for a knee brate.  b. Interview with the Retardation Profess 2007 at 9:40 AM, readmitted to the fact Observations during 5, 2007, the client with tight limbs. Revealed a Physical April 24, 2007. The that the client receival clinic.  3. The facility's nuresults for Client #4 Physician order for level. According to administered on Jusurvey, however, favailable.  4. The facility's nure phenobarbital levels evidenced by the Client #2 was obset and Phenobarbital 6:35 PM. Review consultations reveal August 2, 2007. The second professional terms of the consultations reveal August 2, 2007.	s, 2007. October 2 - 5, 2007 erved in a wheelchair. Review percord revealed a Physical and dated April 24, 2007. The amended that the client be acc.  The Qualified Mental sional (QMRP) on October 2, evealed that Client #3 was elity on March 26, 2007. If the survey from October 2 - was observed in a wheelchair eview of client's clinical record at Therapy assessment dated assessment recommended eve an evaluation at a spasticity arse falled to obtain PSA lab 4.  It's medical record revealed a the client to receive a PSA of the lab profiles the test was ally 12, 2007. At the time of there were no PSA results, arse failed to obtain Dilantin and its as ordered by the physician	W	331	# PSA le on 7-1 15 on	3-0-1 - a	com ocu	pleted exed ment	10.6.01 ongoing
ORM CMS-2	1 587(02-99) Previous Version	6 Obsolete Event ID: DWO41	L	Fa	ility ID; 09G119		lf conti	nuation sheet	Page 51 of 69
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR MEDICARE & MEDICAID SERVICES

PPINTED 10/22/2007 FORM APPROVED OMB NO. 0938-0391

	TOF DEFISIENCIES OF GORRECTION	(2.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILD	TIPLE CONSTRUCTION	COMPLET	
		09G119	B. WING		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP 4515 EDSON PLACE, NE WASHINGTON, DC 20019	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 331	levels, complete m blood count with di client was to return in two months. A precommendations Review of the labolevidence that a Ph was obtained Septembe facility is nurse on blood levels should as ordered.  5. The facility faile for Client #4.  Observations durin survey from Octob Client #4 was serv. Review of the Client a physician order of swallow study. Fur revealed that the side December 18, 200.  6. Observations of approximately 7:30 wearing adult protein the client wears dianursing notes on Capproximately 11:0 had a urology consistent appointment had be appointment had be appointment had be a proximately 11:0 had a proportion of the client wears dianursing notes on Capproximately 11:0 had a urology consistent appointment had be a provint of the client wears dianursing notes on Capproximately 11:0 had a urology consistent appointment had be a provint of the client wears dianursing notes on Capproximately 11:0 had a urology consistent appointment had be a provint of the client wears dianursing notes on Capproximately 11:0 had a urology consistent appointment had be a provint of the client wears dianursing notes on Capproximately 11:0 had a urology consistent appointment had be a provint of the client wears dianursing notes on Capproximately 11:0 had a urology consistent of the client wears dianursing notes on Capproximately 11:0 had a urology consistent of the client wears dianursing notes on Capproximately 11:0 had a urology consistent of the client wears dianursing notes on Capproximately 11:0 had a urology consistent of the client wears dianursing notes on Capproximately 11:0 had a urology consistent of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was a provint of the client was	etabolic panels, and complete fferentials twice per year. The to his office with all lab results obysician order reflecting the was noted in the record. The ratory reports failed to enobarbital and Dilantin level igust 2007, however one was er 2007. Interview with the October 4, 2007 revealed that I have been drawn in August d to obtain a swallowing study of the meals throughout the er 2 - 5, 2007 revealed that ed a pureed diet.  Int #4's medical record revealed lated June 19, 2007, for a rither review of the records tudy had been scheduled for 7, 6 months after the order.  In October 2, 2007 at 1 PM, Client #4 was observed ective undergarments. Direct care staff indicated that apers. Review of the client's 10 AM revealed that the client sult on July 26, 2007 and the year. However, there was no on sheet to confirm that the	W 33	(6) Reference less W322  Wrology apportus complete Was complete Was complete was complete words. (wrote Instead of a w322, w329	was an 7.26.07 2.26.07.	11.14.07 angoing
FORM CMS-2	J 567(02-99) Previous Version	s Obsolate Event ID: DWO41	11	Facility ID: 08G118	If continuation sheet	Page 57 of 51

NOV-9-2007 09:04 FROM:

The finding includes:

ORM CMS-2667(02-89) Previous Varsions Obsotete

On October 4, 2007 at 1:00 AM, the hot water temperature felt hot to the touch. Readings from the surveyor's thermometer was 120 degrees Fahrenhelt in the kitchen and both bathrooms. The Facilities Coordinator was informed at approximately 1:10 AM, who informed the maintenance staff and instructed him to lower the water temperature.

On October 5, 2007 at 1:00 PM, the hot water

Event ID: DW0411

Facility ID: 09G119

training as needed.

If continuation sheet Page 54 of 59

motion: and

assessment recommended:

Therapy assessment dated April 24, 2007. The

- knee brace to increase his extension range of

- an evaluation at the spasticity clinic for Botox

injections to facilitate improving his knee

injections to include the benifits and polential risks related to treatment.

Documentation related to.

actions taken to address

and communicable diseases.

NOV-9-2	007 09:07 FROM			To:2024429430	P.12
		AND HUMAN SERVICES & MÉDICAID SERVICES		•	PRINTED: 10/22/2007 FORM AFFROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CURRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(22) MUI. A. BUILDI	TIPLE CONSTRUCTION	(X2) DATE SURVEY COMPLETED
<u>.</u>	e .	09G119	B WING		10/05/2007
NAME OF F	ROVIDER OR SUPPLIER		S <sup>-</sup>	FREET ADDRESS, CITY, STATE, ZIP CODE	
IDI				4515 EDSON PLACE, NE WASHINGTON, DC 20019	:
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
W 455	This STANDARD i	s not met as evidenced by:	W 45		:
	review, the facility fa	on, interview and record alled to implement infectious to prevent communicable		This standard will be evidenced by	met as
	On October 2, 2007 a package of raw positing on the counter chops was warm to menu indicated that for dinner.  2. The facility failed	I to properly defrost meats In er.  I from 1:00 PM until 4:00 PM, ork chops was observed er top. The package of pork touch. Review of the dinner took chops was on the menual to ensure that direct care		coordinate addition stopp than man man man man man to meal preparent cure for cure for and fe	n area of a
	his lunch.  On October 2, 2007 observed having dif complete his lunch, into the facility from get [the client] to ea observed feeding the	2 was not observed to wash	,	chuetan and fe as needed to ex miles will post hund washing	edback vive comprand ordanismedures
W 461	and procedures we	ed to ensure that the policy re implemented as it relates to asures during meals.  D AND NUTRITION	W 46 <sup>-</sup>	1 W461	
	A qualified dietitian	must be employed either	•		-
ORM CMS-25	67(02-89) Previous Versians	Obsolete Event ID; DWQ411	l F	adility ID: 08G119 If cor	ntinuation sheet Page 57 of 59

Event (D: DWO411

Facility ID: 09G119

If continuation sheet Page 58 of 59

FORM CMS-2567 (02-99) Previous Versions Obsolete

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2007

FORM APPROVED OMB NO. 0938-0391

	of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G119	B. WING		10/05/2007	_ :
NAME OF P	ROVIDER OR SUPPLIER		4:	REET ADDRESS, CITY, STATE, ZIP 615 EDSON PLACE, NE VASHINGTON, DC 20019		
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W 461	October 2006, and quarter March 2007 required.  The nutritionist was 2007. In an intervice and was not aware reliable dietician in that the provider had completed nut the clients on October 2, 2007.  Interview with the October 4, 2007 redietician who was However, due to he contracted with an expensive serior of the contracted with a serior of the contracted with an expensive serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the contracted with a serior of the con	November 2006, and 3rd 7, April 2007, and May 2007) as s in the facility on October 2, ew conducted on October 3, d that she had taken a year off that the facility was without a her absence. She indicated ad re-hired her and that she nitional assessment on all of ber 2, 2007. Review of the at the nutritionist completed all ments which were dated facility's Administrator on evealed that the facility current re-hire was "very reliable." er subbatical, the provider other dietician, who was not ional oversight as required in	W 461	Reference response W322, W331, W.	e to 10.18.6 ongoin	

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1 000	INITIAL COMMENT	rs	1 000	,	TOICHOT	
	conjunction with a conduct through Ocsurvey process. A selected from a resi	, a recertification survey complaint investigation was some 5, 2007, utilizing the random sample of four was dential population of two ents with a diagnosis of ardation.	as ne full			
	three day programs staff, day placement administrator, the Q Professional, review	survey and investigation on at the group home and interviews with group he taleff, the nutritionist, the ualified Mental retardation of medical and desincluding the unusual	d oome e e		-	
	received an e-mail fi that described client concerns. The com	007, the State Agency om the court monitor's o s care and treatment pliant alleged that there v problems as detailed be	A/OFO			
G	pay program, water/toffered a second time resisted/refused the	uals' retum home from the fluids were not given or e to Individuals who initia water/fluids. In addition, toileted or changed upon	ally			
t	our staπ members o he tirne preparing di	observation period, one on n duty spent the majority nner while the other three dically interacted with the	of			
o	evealed that they have outlings during the pe	logs of community outing d participated in only two riod of September 1 - 19				•
YM	on Administration  WWW Drumch  IRECTOR'S OR PROVIDER	vsupplier representative	SIGNATURE	TITLE D'RS		X8) DATE
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			- DWC	<i>1</i> 911	, If continuatio	n sheet 1 of 3

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIP	LE CONSTRUCTIO	N .	(X3) DATE SU COMPLE	
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1 000	Continued From p	page 1		1 000	i 1	\frac{1}{2}		1
	2007 - park and c	hurch. There was no ity outings occurred in			:			1
	members, as well time of the review	ne prior reviews, direct I as the nurse on duty I, lacked basic knowle current health care pro	at the dge of the		:			
	positioning lags in	ne prior reviews, class ndicated that they spe lay sitting In their whee	nd the					;
,	returned-from her with a laceration Resident #2 was treated, and releat forehead, which was days. This serious	t, 2007, when Resider r day program, she wa on the right side of he taken to the emergen ased with staple(s) in I were to be removed in us reportable incident ourt monitor's office."	as "found" r forehead. cy room, ner i seven				-	
	7. "There was no neurologist's 8/2/ monthly Dilantin Resident#2 was	o obtain		! : : : :				
	pounds, which is There was no ev intake is being cl that there was fo	2007, Resident #1 ha over 10% of her body idence that Ms. Resid osely monitored and r llow-up to her incompl ogram, which took place	weight. ent#1's ecorded or lete					: : : : : : : : : : : : : : : : : : : :
	dietician had cor assessment of the nutrition status a	o evidence that Resided the condition of	1 t#1's					
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1047	recent nutrition asser- record was dated 8/ current or accurate nutrition/weight stat- 10. "In addition, altre- physician, registered of Nursing were not abnormal blood-gluce 8/21/07) and 54 (ob- which represented a blood-glucose level no evidence any foll abnormalities."  11. "Since March 26 sustained an unexplication and an unexplication and an unexplication and an unexplication and across the class mental pounds. As noted in Resident#5's nurses addressed the client 12. "The numerous Health Risk Manage across the class mental program records, we accurate."  3502.5 MEAL SERVI Each GHMRP shall that meals, which are GHMRP, are suited for the served and on observation verification, the facility served away from the served away from the served are suited and the served away from the served are suited and the served away from the served are suited and the served away from the served are suited and the served away from the served are suited and the served away from the served are suited and the served away from the served are suited as a suited and the served away from the served are suited as a suited and the served away from the served are suited as a suited and the served away from the served are suited as a suited and the served are suited as a suited and the served away from the served are suited as a sui	essment filed in Resi /13/06, and it was no portrayal of the client us."  nough Resident #1's d nurse, and agency ified of Residen t#1's cose levels of 39 (ob- tained on 8/27/07), of marked changed fro of 98 in April 2007, the ow-up to these  207, Resident #5 has ained weight loss of in the prior review, neil hor her QMRP's rep 's weight loss."  copies of the class in ment Plans, which we mbers' Medical, ISP, are not complete, cur is complete, cur is eresponsible for en esserved away from the control of the dietary needs of in the Individual met as evidenced by: in, staff interview and y failed to ensure the	Director tained on each of om her nere was also 8.5 ther corts nembers' ere filed and rent, or suring he of	1000	1047 3502 This Star as evid Reference W120. Report,	tute will ! enced by: e response Federal De	se met to ficiency	
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STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G119 10/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE I D I WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (AZS) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY 1047 Continued From page 3 1047 residents dietary needs for one of the four residents in the facility. (Resident #1) The finding includes: On October 2, 2007 at 7:20 AM, Resident #1 was observed using an angled spoon during her breakfast. On October 2, 2007 at the day program, the client was observed eating her lunch. The client had an adaptive plate and built up handled spoon. At the dinner meal on the same day the resident utilized an angled spoon for eating. Record revelw revealed that the resident was prescribed an angled spoon during meals. The day program observation was brought to the attention of the Qualified Mental Retardation Professional (QMRP), who was not aware that the day program was not using the recommended adaptive feeding equipment at her day program. 1 056 3502.14 MEAL SERVICE / DINING AREAS 1056 1056 3502.14 Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute will be met This Statute is not met as evidenced by: as evidenced by, Based on observation, interview and record review, the GHMRP ty failed to ensure that each GHMRP staff was trained in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. The finding includes: The facility failed to properly defrost meats in lealth Regulation Administration

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STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER  09G119				(X2) MÜLTI A. BUİLDIN B. WING _	PLE CONSTRUCTION G	COMPLE	COMPLETED 10/05/2007	
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I 056	a package of raw patiting on the counchops was warm to menu indicated the for dinner.  3502.19 MEAL SE Each GHMRP shadleaning all equiporthe preparation and This Statute is not The finding include On October 2, 200 sitting on the kitch on it.  3504.15 HOUSEK Each GHMRP shadt least seven (7) to his or her daily of the finding include This Statute is not Based on observation of the finding include The finding Include The fin	7 from 1:00 PM unti- pork chops was obseter top. The package to touch. Review of the pork chops was of RVICE / DINING AF III have effective pro- ment and work areas d serving of foods.  It met as evidenced the estern counter top with the CEPING III assure that each in changes of clothing activities.  It met as evidenced it met as evidenced	erved e of pork the dinner n the menu REAS cedures for s used in  by: or was water drops resident has appropriate by: ew, the fitting the	1 056	amer will revenue proper preparation exp comer/ Home made in N 1061 This Statute will endured by:  This Statute will endured by:  Those front places or been trusted in Statute will endured by:  Thomas Manager cleaning equipments for further endured monitors to further endured with this star 3504. 15  Reference responsibility  W137 Federal Peprot.	had just off and procedured work areas are	10.6.07 ongoing on	
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1 056	Continued From pa	age 4		1 056			
, ]	preparation for dint	ner.			1		4
	preparation for dinner.  On October 2, 2007 from 1:00 PM until 4:00 PM, a package of raw pork chops was observed sitting on the counter top. The package of pork chops was warm to touch. Review of the dinner menu indicated that pork chops was on the menu for dinner.			·	comer will revew ar proper preparation sanifation expe- comer/Home man schedule addution as needed in Nut	nd discussion and chartons.  Inager will mal training ritional Management	-
I 061	3502.19 MEAL SE	RVICE / DINING AR	EA\$	1061	1061	•	1
	Each GHMRP shall have effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods.				3502.19 This Statute will be endured by:	e met as	:
	The finding include	met as evidenced best. 7, the food processo		•	been rinsed of to be placed in	tuoofa Bruot Lush wowh en	10.6.07 ongoing
		en counter top with w			for Charming v  B Home Manager w	Il voillow II	
I 108	8 3504.15 HOUSEKEEPING  Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities.			I 108	Cleaning equipment of further ensity with this stands	ment procedu work areas ure compliance	res :
	This Statute is not met as evidenced by: Based on observation and staff interview, the GHMRP failed to have apporapriately fitting clothes for one of the four residents in the sample. (Resident #1)				Reference respons W137 Rederal report.	e to deficiency	10:31:07 ongoint
	The finding includes:			<b>,</b>	<u> </u>		, ,
	On October 2, 2007 Resident #1 shirt appeared						
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A.BUILDING B. WING 09G119 10/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE IDI WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) I 108 Continued From page 5 1108 too big as the arms of the shirt hung over her hands. Interview with the staff acknowledged that the resident's clothes were two large and indicated that she had recent weight loss. Interview with the Qualified Mental Retardation Professional (QMRP) also acknowledged that the resident has loss weight and that the day program had been concerned with her clothes being too big. 1 135 3505.5 FIRE SAFETY 1135 1135 3505.5 Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute will be met This Statute is not met as evidenced by: as evidenced by; Based on interview and record review the GHMRP falled to ensure that each shift conducted a fire drill four times a year. The finding includes: to Home Manager will conduct routine fire drills at various On October 3, 2007, at 7:55 AM a review of fire 11.607 drill records revealed that fire drills had not been times. held during the hours of 2:00 AM through 5:00 ongoing a Home Manager will conduct additional staff training as AM. Observations throughout the survey revealed that there are eight non-mobile residents that reside in the facility who are needed completely dependent upon the staff. In an interview with the House Manager on the same day, she revealed that there are two direct care staff and one nurse on duty during the night. Further interview the House Manager acknowledged that there had not been a drill during the aforementioned hours to evaluate how the three staff at night would safely evacuate the eight non-mobile residents in the facility. Health Regulation Administration

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1 206	Continued From pa	age 6		1 206		
I 20 <del>8</del>	annually thereafter certification that a performed and tha	EL POLICIES  for to employment are, shall provide a physical provide a physical formation and the employee is here to perform the research.	ician 's been alth status	1 206	1206 3509.6	
I 291	This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6).  The finding includes:  The State regulatory agency conducted a review of personnel records on October 4, 2007, at which time there was no evidence that two direct support staff, [Staff # 10 and #11], one agency support staff, [Staff #12] two nurses and two professional health care consultants had current health certificates.  291 3514.2 RESIDENT RECORDS  Each record shall be kept current, dated, and signed by each individual who makes an entry.  This Statute is not met as evidenced by: Based on record review the GHMRP failed to ensure each residents records were dated and			I 291	This Statute will as evidenced in support staff [#1 one agency support staff [#1 one agency support on naive and hearth care con been filed.  This statute is reviews  1291 3514.2  This statute is met as evidence	two direct  0 and #1)  11.14.07  ongoincy  two programme  nutants have  pt will continue on and request.
lealth Regui	ation Administration			<u></u>		
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1 291	Continued From pa	age 7		1 291				
	The findings includ	le:			¦ ;	i i		
	The facility's primary care physician failed to date his entry for Resident #1's abnormal laboratory profiles.				(1) Referen Scarnel report V	deficier	se to	10:18:07
-	Review of the complaint received on September 28, 2007, revealed that Resident #1 had blood drawn on August 18 and 24, 2007. The blood glucose results were 39 and 54 respectively. These results were noted as being below the normal range documented as 74 - 105.  Review of the laboratory report dated August 18, 2007 revealed that the Primary Care Physician reviewed the results', however he did not date his entry it could not be determined if the results were reviewed timely.  2. The facility's Registered Nurse (RN) failed to sign Resident #4's quarterly reviews.				(2) Reference Gederal W322	ne respon		10.18.07 ongoing
	Interview with the facility's Licensed Practical Nurse (LPN) on October 4, 2007 at approximately 3:00 PM revealed that the one of two RN completes quarterly nursing exams. Review of the Resident #4's medical record revealed that a nursing assessment was completed in March 2007, with quarterly follow ups (June 2007, September 2007). However, the quarterly reviews were not signed to indicated who had completed the quarterly reviews.				VV 25 F			
1 374	3519.5 EMERGENCIES  After medical services have been recured, each			1 374	1374 3519.5	·   ·   ·   ·   ·		
	After medical services have been secured, each GHMRP shall promptly notify the resident 's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident 's status as				:		<u>.</u> ,	
tealth Regu	lation Administration			-		:		
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G119 NAME OF PROVIDER OR SUPPLIER 10/05/2007 STREET ADDRESS, CITY, STATE, ZIP CODE IDI 4515 EDSON PLACE, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DATE DEFICIENCY) 1374 Continued From page 8 1374 soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident. This Statute is not met as evidenced by: This Statute will be met Based on staff interview and record review, the as evidenced bu: GHMRP failed to provide evidence of the prompt notification of parents or guardians of significant incidents for one of the four residents in the samole. The finding includes: Review of the facility's unusual incident reports Alference response to and investigations on October 2, 2007 at W153 and W154. of 11.12.07 approximately 8:20 AM, revealed evidence that Federal Deficiency report. ongoing the facility failed to notify family members immediately of the following significant incidents: a. On April 17, 2007, staff discovered Resident #2 with a three centimeter discoloration on her left thigh. b. On August 24, 200, Staff discovered a laceration to Resident #2's head for which she was treated in the emergency room. 1 379 3519.10 EMERGENCIES 1379 1379 3519,10 In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of This Statute will be met Health, Health Facilities Division of any other as evidenced by: unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way # Reference response to W153 and W154 of Federal Deficiency places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. Report. Health Regulation Administration STATE FORM

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379	Based on Interview failed to ensure the notified of unusual substantially interfeand welfare within work day.  The finding include Review of the incidency of the incidents had not beginning at 8:20 incidents had not beginning at required a. On April 17, 20 #2 with a three cerleft thigh.  b. On September a "mark" on Resided. On July 16, 200 scratch on Resided.  d. On July 9, 2007 abrasion on Resided.  e. On June 24, 200 bruise on Residen.	t met as evidenced by record review, the Ce Department of Heal incidents or events the ered with each resident twenty-four hours or established the folion of the end	SHMRP Ith, was hat ent's health the next  per 2, 2007 pwing State  Resident to on her scovered 1. ed a J. ed a	1379	a ample revered cor Action for failure notify Departure of medents.  a amen will ensule investigated in a mounter.  a Documentation will be maintain frie to support token.	Heat all conted and timely werification	11.20.07 ongang
l 3 <del>9</del> 4	3520.2(d) PROFESSION SERVICES: GENERAL PROVISIONS  Each GHMRP shall have available qualified			I <b>39</b> 4	1394 3520.2.61)		· ,
lezilh Regu	ation Administration	m nave avallable qua	med	· · · · · · · · · · · · · · · · · · ·	1		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
	necessary profession accordance with the individual habilitation necessary by the inprofessional service limited to, those ser trained, qualified, and District of Columbia disciplines or areas (d) Nutrition;  This Statute is not Based on Interview GHMRP failed to had a qualified dietician	met as evidenced by and record review, the ave evidence that it e to meet the Residen	es of every ed to be The not be dividuals red by		This Statute will as evidenced be Nutritionist will operate overse needed overse any AN/Nurse/amore coordinate se	ill provide dyor as	10.18.07 ongoing	
	a qualified dietician to meet the Resident's needs for two of the five cleints in the sample. (Resident's #1 and #5)  The finding includes:  1. Resident #1's record was reviewed on October 3, 2007. The Resident had a nutritional assessment on August 31, 2006. Review of the Residents weight records revealed that she had lost 9 pounds (lbs) from March to April 2007, and continued to gradually lose weight. The last record weight was in October 2007 and the Resident weight 92 lbs. It was noted, however that she remained within her ideal body weight of 85 - 110 lbs. Further review of the record failed to show evidence that the Resident's nutritional status had not been monitored by a dietician quarterly (1st quarter September 2006, October 2006, and November 2006, and 2nd quarter December 2006, January2007, and February 2007) as regulred. [See Also W322]				coordinate se needed.  Primary Can will be notificated were increase/decrease and Also reference report.	e Physician ed of the trends ise 516=.		
1	2. According to a nutritional assessment dated						<b>,</b>	
		alth Regulation Administration ATE FORM			NO411			

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FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G119 10/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE 101 WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREELY (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRĒFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE . DEFICIENCY) Continued From page 11 1394 August 31, 2006, Resident #5 had an ideal body weight (IBW) of 93 - 122 pounds. Review of the Resident's weight charts revealed that although Resident #5 had an 8.5 lbs decrease in weight from March 2007, to August 2007; she remains well within her ideal body weight. Further review of the record lacked evidence that the Resident's nutritional status had been monitored by a dietician quarterly (1st quarter September 2006. October 2006, and November 2006, and 3rd quarter March 2007, April 2007, and May 2007) as required. The nutritionist was in the GHMRP on October 2, 2007. In an interview conducted on October 3, 2007, she indicated that she had taken a year off and was not aware that the GHMRP was without a reliable dietician in her absence. She indicated that the provider had re-hired her and that she had completed nutritional assessment on all of the Residents on October 2, 2007. Review of the records verified that the nutritionist completed all necessary assessments which were dated October 2, 2007. Interview with the GHMRP's Administrator on October 4, 2007 revealed that the GHMRP current dietician who was re-hire was "very 1395 reliable." However, due to her subbatical, the provider contracted with another dietician, who 3520,2 (e

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necessary professional interventions, in accordance with the goals and objectives of every lealth Regulation Administration

**PROVISIONS** 

was not providing the nutritional oversight as

1 395 3520.2(e) PROFESSION SERVICES: GENERAL

Each GHMRP shall have available qualified professional staff to carry out and monitor

required in his/her contracted.

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This statute will be met

as evidenced by:

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTI A. BUILDIN	PLE CONSTRUCT	(ón	(X3) DATE S COMPLI	
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1 395	Continued From pa	ige 12		1 395	· :			
	necessary by the in professional service limited to, those ser trained, qualified, a District of Columbia disciplines or areas	on plan, as determined aterdisciplinary team. The same of the same	he t be viduals				•	
į	(e) Nursing;		j					
	Based on staff inter GHMRP failed to er accordance with the	met as evidenced by: rview and record review nsure nursing services e needs of three of fou mple. (Residents #2, a	in		: : :			
	The findings include	e;		' 'i	:	·		
	#3's physician orde	PN failed to follow Res r that required the nurs ng 15 minutes after reg	se to	1				
	Practical Nurse (LP Resident #3 through feeding ended at 11 LPN was observed pleasure feeding of with the LPN indicated to the second pleasure feeding of with the LPN indicated to the second pleasure feeding of with the LPN indicated to the second pleasure feeding of with the second pleasure feeding of the se	at 10:35 AM, the Lice N) was observed feed in his G-tube. The G-tul:05 AM. At 11:08 AM, feeding the Resident her that the Resident hat the Resident had the pleasure feeding.	ing lbe , the lis view lad					
	required the Reside feedings 15 minutes feeding (11:00 AM, Further Interview wire October 3, 2007 at revealed that the Reside feedings (15:00 AM).	#3's current physician int to receive pleasure safter each schedule (4:00 PM and 8:00 PM) the Registered Nurs approximately 2:00 PM esident should wait the	G-Tub ), se on M		: : : :			
ealth Regula	ation Administration M		. de	300 D/	WO411	15	if continuation	sheet 13 of 30

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1 395	Continued From page 13			1 395	1395		-	
	required 15 minutes to ensure that his stomach was "not overloaded with liquids."				:	, ,		1
	The GHMRP's nurse failed to schedule medical consultation appointments for Resident #3, timely.				A Reference W336,	e respons W331,W	e to 10322, 196	
	a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40 AM, revealed that Resident #3 was admitted to the GHMRP on March 26, 2007. October 2 - 5, 2007 the Resident was observed in a wheelchair. Review of Resident's clinical record revealed a Physical Therapy assessment dated April 24, 2007. The assessment recommended that the				A Also rel to wuz	1.	Spon Sl	
	Resident be fitted for a knee brace.  b. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40 AM, revealed that Resident #3 was admitted to the GHMRP on March 26, 2007. Observations during the survey from October 2 - 5, 2007, the Resident was observed in a wheelchair with tight limbs. Review of Resident's clinical record revealed a Physical Therapy assessment dated April 24, 2007. The assessment recommended that the Resident receive an evaluation at a spasticity clinic.							
	3. The GHMRP's nurse failed to obtain PSA lab results for Resident #4.  Review of Resident #4's medical record revealed a physician order for the Resident to receive a PSA level. According to the lab profiles the test was administered on July 12, 2007. At the time			•			•	
	of survey, however, there were no PSA results, available.  4. The GHMRP's nurse failed to obtain Dilantin					NG.		
lealth Regul	ation Administration				<u> </u>	]		
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	and Phenobarbital levels as ordered by the physician as evidenced by the following:  Resident #2 was observed receiving Dilantin 150 mg and Phenobarbital 90 mg on October 2, 2007 at 6:35 PM. Review of the Resident's neurology consultations revealed that she was seen on August 2, 2007. The Neurologist recommended obtaining monthly Dilantin and Phenobarbital levels, complete metabolic panels, and complete blood count with differentials twice per year. The Resident was to return to his office with all lab				•				
	reflecting the recom record. Review of the evidence that a Pheliwas obtained in Augobtained September GHMRP is nurse or that blood levels sho August as ordered.	is. A physician order mendations was note the laboratory reports nobarbital and Dilant ust 2007, however of 2007. Interview with October 4, 2007 revold have been drawn	ed in the failed to in level ne was the vealed	-					
	study for Resident #2 Observations during	the meals throughou	it the		- 1				
1	evealed a physician or a swallow study. evealed that the student	ent #4's medical reco order dated June 19 Further review of the dy had been schedul 6 months after the o	, 2007, records						
c	tail indicated that the	M. Resident #4 was	care pers.	• •			,	,	
ATE FORM	on Administration				<del></del>	<del> </del>	<u>:</u>		
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I 396	Continued From pa	ge 15		1 395			,
'	Review of the Resident's nursing notes on October 4, 2007 at approximately 11:00 AM revealed that the Resident had a urology consult on July 26, 2007 and should return in one year. However, there was no medical consultation sheet to confirm that the appointment had been completed.  7. The GHMRP's nurse failed to ensure that Resident #2's health status was reviewed by the Registered Nurse on a quarterly or more frequent				(7) Reference response Scalaral deficien	to W3366	
	Registered Nurse on a quarterly or more frequent basis. [See W336]			•			1
1 396	3520.2(f) PROFESS PROVISIONS		"	1 396	1396 3520,2 (F)		
	Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:						
	(f) Occupational Ti				T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	]
	This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for current licenses for all consultants.			,	This Statute will as endemed by	y .	
	The finding includes:					0 ~.	
	Review of personnel records on October 4, 2007 at 8:15 AM revealed the professional license for the facility's occupational therapist was expired, ation Administration				Professional license occupational then	tor apist has	
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The QMRP was infolicense for the afore accordance with the Act (HORA), Title 3 3-1205.13 ("Each license conspicuous business or employ!  1 398 3520.2(h) PROFES: PROVISIONS  Each GHMRP shall professional staff to necessary professional coordance with the individual habilitation necessary by the Integrofessional services limited to, those services individual, qualified, and District of Columbia	The QMRP was informed of the lack of a license for the aforementioned profession accordance with the Health Occupation in Act (HORA), Title 3 Chapter 12, Section 3-1205.13 ("Each licensee shall display to license conspicuously in any and all place business or employment of the licensee.  3520,2(h) PROFESSION SERVICES: GIPROVISIONS  Each GHMRP shall have available qualified professional staff to carry out and monito necessary professional interventions, in accordance with the goals and objectives individual habilitation plan, as determined necessary by the Interdisciplinary team. The professional services may include, but not limited to, those services provided by individual frained, qualified, and licensed as require District of Columbia law in the following disciplines or areas of services:			Continue	rative As to track on dates up as ne ongoing o with t	sistant will c and monito and provide eded to omphance his standard.	
(h) Social Work;  This Statute is not meased on record revision file for currence consultants.  The finding includes:  Review of personnel at 8:15 AM revealed to the facility's social woo QMRP was informed for the aforementione accordance with the FAct (HORA), Title 3 C 3-1205.13 ("Each lice)	ew, the GHMRP faile ent licenses for all records on October 4 the professional license was expired. The of the lack of current deprofessionals in the lack of current deprofes	, 2007 se for e license		This State as evide Reference 3520.2 and hear	med by	,	il.b.07 ongoin <i>g</i>
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	license conspicuol business or emplo	usly in any and all pla syment of the licensed	ces of e.")					1
1 432	3521.7(c) HABILITATION AND TRAINING			1 432	1432	  -  -  -	-	, ,
	The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:  (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in tooth brushing.  The finding includes:  Review of Resident #3's medical record revealed a dental consultation dated June 6, 2007. The consultation indicated that the client had heavy calculus deposits and poor oral hygiene.  Review of the IPP dated April 25, 2007 failed to				e comer u	tal dendi	de addutional area of bot whing teeth is mot as proothbrushing the that IPP goals and	O rigoriof.
1 43	7 3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:  (g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as			1 437	1437 3521.7 Cg			
Health Reg	ulation Administration				<u>'</u>	1.		iga chaol 18 of

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1 437	Continued From pa	ge 18		1 437	, i.			
	telephone, and suct may be required);	i, magazīnes, radio, l h specialized equipπ	nent as			+\ h	a metas	
	This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to provide habilitation and training for two of the four residents included in the sample. (Residents #3 and #4)			٠.	This Statu evidenced	by:	e mer us	
	The findings include:				1 ,			
	On October 3, 2007 Resident #4's home activities from 8:00 AM to 1:30 PM were observed and revealed the following:			٠				
	AM Resident #4 wa table preparing to e was served his brea in the meal time pre the resident was inc	ors arrived to the hores observed at the kit at his breakfast. The akfast and did not pare paration or service, dependent in feedinger hand assistance to complete his meal.	chen e resident rticipate Although		Reference deficient W260, E	cy report	io lederal W 250,	U-14.07 ongany
	breakfast, the reside where he remained	8:30, after completing the sent was taken to his until lunchtime. The served in his bedroor without activities.	bedroom   resident					
,	c) At approximately 12:00 PM, the resident was escorted in his wheelchair to the living room and positioned in front of the television.							
•	d) During lunch, at approximately 12:30 PM, Resident #4 was observed exhibiting face slapping behaviors. The direct care staff			` -	. 4	•		
saim Regul:	ation Administration				- 7			

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1 437	The resident cease The staff did provio redirection/interver Resident's current reviewed on Octob ask the resident to stop, the staff was resident's hand do with proactive straf e) After lunch, at a care staff took the 2. Interview with s revealed that Residence personal need On October 2, 200 wearing an adult p dependent on staff morning of Octobe observed assisting The staff confirme assistance with ba Review of the residence of trainin Further review of t failed to review the skills had been ide 3. Review of Resi recommended trai consistently imples	ing "Oh, no we won't led the behavior momble any further any further any further stion. According to the Behavior Support Placer 3, 2007, required stop. If the resident required to move the win from his face and tegies.  It is approximately 1:30 President on a van ridual taff on October 2, 20 dent #4 dependents and the resident was contective under garm of for toileting. Also over 2, 2007, the staff was the resident with his digital the resident with his digital the the resident staff and the client's habilitation at the resident's persentified/assessed.  It is a suppossing and the second and the session of the second and the session of the second and the resident's persentified/assessed.  It is a suppossing and the second and the session of the second and the session of the second and the session of the second and the resident's persentified/assessed.	entarily.  ne an, the staff to did not electronimue  M, direct lectronimue  Moreor ents and enthe and enthe and enthe and enthe and enthe and enthe and enthe and enthe and enthe and enthe and enthe electronimus.  I cord on ted enthe e	1437				
Haalth Com	Review of the Resident #4's IPP revealed objectives to enhance sensory awareness, to improve lower range of motion and strengthen				-	:		

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1 437	Continued From page	ge 20		1437	i		·		
	lower extremities, and to improve ambulation and auditory skills. At no time during the observations did the staff direct encourage, the resident' to participate in any of the aforementioned program objectives as evidenced below:  'a) Three times per week, the resident' will feel/manipulate items in his feel box for three								
	minutes with hand over hand assistance for six consecutive months by 10/07.					-			1
	Interview with the Qualified Mental Retardation Professional (QMRP) on October 4, 2007 revealed that there was no box available with such items. Review of the data, however, revealed that the program was being implemented and that the client had achieved the required objective, since April.								:
	The facility QMRP c program was being i	ould not explain how implemented without	the the box.		:				
	<ol><li>The facility falled program objectives.</li></ol>	f to implement Resid	ent #3's		; ;				:
	at 9:40 AM indicated	QMRP on October 2 I the Resident #3 was ty on March 26, 2007	s l		:				-
	from 3:45 PM through	ervation on October 2 ph 6:55 PM, Resident formal or informal act	#3 was		:				:1
	At 3:30 PM, the client arrived home from his day program and shortly thereafter, at approximately 3:45 PM, was taken to his bedroom. He was observed to lie in bed until 6:55.PM. The resident was observed to need total assistance in transferring from his wheelchair to and from bed.								:
eaith Regula TATE FORM	ition Administration			P/4			<u> </u>		<u> </u>

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l <b>43</b> 7	Continued From pa	age 21	-	1 437	:	DEFICIÊNC	)	
	At 6:55 PM, the resiliving room and postelevision, where his G-tube feeding observation that the with a choice of leist the resident in any  b) Review of Resid 2007 revealed and on the edge of the times a day without  There was no observationally in this data sheets since were documenting  c) Review of Resid 2007 revealed an otolerate stretching the for two minutes each of the participating in this for two minutes each observations and observations and observations are stretching in this services and posterior the services and p	sident was propelled is sitioned in front of the e remained until he mat 8:00 PM. There we staff presented the sure time activities or other activity.  ent #3's IPP dated Apolective that the clier bed for two minutes to assistance for three exvations of the reside activity. According to the conjugation of the reside activity and the direct conjugation of the reside activity that the reside on his lower extremities to stretch for six months.	eceived vas no resident engaged  pril 25, nt will sit hree months. ent o the care staff  pril 25, dent will as daily ths. ent					
	not documenting th	2007 the direct care s e number of minutes	staff were		:	!  		
	revealed an objective week, given hand o resident] will make:	ent's IPP dated April 2 ve which stated, "Five ver hand assistance, a selection of what ol f the trials presented s by April 2008."	the othes to					
	and shirt was obser nightstand. Intervie 6:00 PM indicated to	at 3:45 PM, a pair o ved on Resident #3's w with the direct care hat the clothes were	staff at		: 1		-	
lealth Regula TATE FORM	ition Administration	· · · · · · · · · · · · · · · · · · ·	<del></del>		: 1			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE (DENTIFICATION NUM		(X2) MULT A BUILDIN	IPLE CONSTRUCTION	COMPLE	
		09G119		B. WING_	<u> </u>	10/0	5/2007
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
ומו			4515 EDS WASHING	ON PLACE TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
1 437	Continued From p	age 22		1 437			
	day. There was no encourage the res  3. During the ever October 2, 2007, I minimal to no assisting the client and eating utensils was located in the resident IPP object revealed that t	resident to wear on to evidence that the faident to participate in ning meal observation Resident #1 ate her matance from staff. Upmeal, the staff who wit with her meal, passes to another staff persikitchen. Review of the tive on October 4, 20 resident had a goal to ally living skills. To active the was required " in physical assistance, the plate to the kitch presented for six components.	this task.  n on neal with con the as ed the dish son who he increase complish after [Resident neh on isecutive nt #1 was				
1.44	1 3521.7(k) HABILI	TATION AND TRAIN	ING	1441	रम्भा		,
	GHMRP shall include be limited to, the t	_	e, but not		3521.7 (K)		- 1
Haalib Da	mapping and orie equipment);  This Statute is no Based on observateview, the GHMF habilitation of its review.	•	obility by: ind record e ining in the		This Statute well be evidenced by;	met as	
STATE FO				6899 .	DWO411	If continuat	lon sheet 23 of 30

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STATEMEN AND PLAN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIC IDENTIFICATION NUM		A. BUILDIN		NŒI	(X3) DATE SURVEY COMPLETED	
• .		09G119		B. WING _		<u>:</u>	10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	:		
IDI				ON PLACE, TON, DC 2		,		
(X4) ID		TEMENT OF DEFICIENCIE		1D		DER'S PLAN OF		(X5)
PREFIX TAG	REGULATORY OR L	/ MUST BE PRECEDED BY SC IDENTIFYING INFORMA	TION)	PREFIX TAG		PRRECTIVE ACT ERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
1 441	Continued From pa	ge 23		1 441	1441			
	On October 3, 2003	7 Daaidaa #41- 6	_		Roberoneo	nΛ /		
	activities from 8:00	7, Resident #4's hom AM to 1:30 PM were	e	•	10	povse	n Tederal	
ľ	observed and revealed the following:				ayricien	ux report	, W 196,	
	a) Upon the surveyors arrived to the home at 8:00				W250,	W 252	10 Yederal , W 196, , W210,	11.18.07
AM Resident #4 was observed at the kitchen table preparing to eat his breakfast. The client			chen		W224	W102, 1	M120, W193 Lency report,	ongoing
was served his breakfast and did not participate			rticipate		mE Cada	a defic	iona report.	,
	in the meal time preparation or service. Although the client was independent in feeding himself.				ON RECORD		7.	
		er hand assistance to				  -  -		
	encourage him to c				:			
	breakfast, the client	8:30, after completin t was taken to his be	droom		!	] : - - - ;		••
	where he remained	until lunchtime. The	client			:		
	was periodically obs his bed without any	served in his bedroor without	n lying on		i	<del> </del>		;
	constructive/habilita				1			
	c) At approximately	12:00 PM, the client	was		t ,			
	positioned in front of	elchair to the living roof the television.	oin and			·   ·		
			İ					'
}	<ul> <li>a) During lunch, at</li> <li>Resident #4 was ab</li> </ul>	approximately 12:30 eserved exhibiting fac	PM,		ī -	1:	! !	, .
ĺ	slapping behaviors.	The direct care staf	f		, .	1 .	,	r
	intervened by statin	g "Oh, no we won't h	ave that".			:		
	The client ceased the	ne behavior moment	arily. The		:	j:		
	staff did provide any redirection/intervent		e Client's			l:		' :
-	redirection/intervention. According to the Client's current Behavior Support Plan, reviewed on				.		1	
	October 3, 2007, required the staff to ask the							
	client to stop. If the client did not stop, the staff was required to move the client's hand down from			!			:	
	his face and continue with proactive strategles.					<u> </u>		
				i. i	:		·	
	e) After lunch, at approximately 1:30 PM, direct care staff took the client on a van ride.				1 t		•	
leaith Regul	ation Administration					-	<u> </u>	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A BUILDING	PLE CONSTRUCTION	<b>V</b>	(X3) DATE SU COMPLE	
		09G119		B. WING _		<del>-</del>	10/05	5/2007
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1 441	Continued From pa	ge 24		I 441			•	;
	2. Interview with staff on October 2, 2007 revealed that Resident #4 dependents on staff to basic personal needs					:		
·	On October 2, 2007, the client was observed wearing an adult protective under garments and dependent on staff for toileting. Also on the morning of October 2, 2007, the staff was observed assisting the client with his jacket. The staff confirmed that the client needs assistance with bathing, dressing and toileting.							:
	with bathing, dressing and tolleting.  Review of the client's habilitation record on October 4, 2007 revealed no documented evidence of training programs in these domains. Further review of the client's habilitation records failed to review that the client's personal care skills had been identified/assessed.			-				:
	recommended train	dent #4's IPP reveale ning programs were n nented as evidenced	not		:		·	;
	Review of the Resident #4's IPP revealed objectives to enhance sensory awareness, to improve lower range of motion and strengthen lower extremities, and to improve ambulation and auditory skills. At no time during the observations did the staff direct encourage, the client to participate in any of the aforementioned program objectives as evidenced below:						·	:
	a) Three times per week, the client will feel/manipulate items in his feel box for three minutes with hand over hand assistance for six consecutive months by 10/07.			·	i.	-	·	:
I Mt. 5	Interview with the Qualified Mental Retardation Professional (QMRP) on October 4, 2007							
Hearth Regu	lation Administration	•				'		

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NAME OF PROVIDER OR SUPPLIER  ID I  (A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPOSITION MIST IN EPROCEDED BY THE PROVIDERS C.ITY, STATE, ZIP CODE  (EACH DEPOSITION MIST IN PRECIDED BY THE PROVIDERS (EACH DEPOSITION MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PRECIDED BY THE PROVIDERS (EACH DEPOSITION MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF CORRECTION OF COMPANY MIST IN PROVIDERS PLAN OF COMPANY MIST IN	STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER.	(X2) MULT A. BUILDIN	IPLE CONSTRUCT	Й	(X3) DATE S COMPL	
IDI  ASSESSORIZACE, NE WASHINGTON, DC 20019  SUMMAN STATEMENT OF REPOSPOSE (ACH DESCRIPTIVE ACT DORS (ACH DESCRIPTIVE ACT D			09G119		B. WING_		<del>-</del>	10/0	15/2007
WASHINGTON, DC 20019   PRETX   TAGE	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		1, 10/1	GIZUUI
PRETY TAG  REGOLATORY OR ISC DENTIFYING INFORMATION)  1441  Continued From page 25  revealed that there was no box available with such items. Review of the data, however, revealed that the program was being implemented and that the client had acheived the required objective, since April.  The facility QMRP could not explain how the program was being implemented without the box.  b) [The client] will dance with staff for three minutes two times per day 100% accuracy for six months.  Although the data collection refect that this program had been implemented in the past, there was no evidence that the program had been implemented during the survey period. Additionally, the data collective (Also See W252)  d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months.  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active	101							·	•
TAGE TO DEVISION TO PROCEED BY PARTY TAGE CONTINUED TO THE APPROPRIATE COLORS AND THE APPROPRIATE COLO		SUMMARY STA	TEMENT OF DEFICIENCIE	S		PROVI	DER'S PLAN OF	CORRECTION	0(5)
revealed that there was no box available with such items. Review of the data, however, revealed that the program was being implemented and that the client had achelved the required objective, since April.  The facility QMRP could not explain how the program was being implemented without the box.  b) [The client] will dance with staff for three minutes two times per day 100% accuracy for six months.  Although the data collection refect that this program had been implemented unity in the program had been implemented unity in the program had been implemented unity in the survey period.  Additionally, the data collected did not measure the progress of the objective. [Also See W252]  d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months.*  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active.						(EACH CO CROSS-REF	ERENCED TO T	HE APPROPRIATE	
such items. Review of the data, however, revealed that the program was being implemented and that the client had acheived the required objective, since April.  The facility QMRP could not explain how the program was being implemented without the box.  b) [The client] will dance with staff for three minutes two times per day 100% accuracy for six months.  Although the data collection refect that this program had been implemented in the past, there was no evidence that the program had been implemented during the survey period.  Additionally, the data collected did not measure the progress of the objective. [Also See W252]  d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months."  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active	l 441	Continued From page 25			1441	;	:		1
program was being implemented without the box. b) [The client] will dance with staff for three minutes two times per day 100% accuracy for six months.  Although the data collection refect that this program had been implemented in the past, there was no evidence that the program had been implemented during the survey period. Additionally, the data collected did not measure the progress of the objective. [Also See W252] d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months".  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failled to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:46 through 6:55 PM, Resident #3 was not engaged in any formal or informal active		revealed that there was no box available with such items. Review of the data, however, revealed that the program was being implemented and that the client had acheived the required objective, since April.				:			1
minutes two times per day 100% accuracy for six months.  Although the data collection refect that this program had been implemented in the past, there was no evidence that the program had been implemented during the survey period.  Additionally, the data collected did not measure the progress of the objective. [Also See W252]  d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months."  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM inclicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active		The facility QMRP ( program was being	could not explain how implemented withou	the the box.		;			
Additionally, the data collected did not measure the progress of the objective. [Also See W252]  d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months".  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active		minutes two times per day 100% accuracy for six				;			:
interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months".  Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged In any formal or informal active	•	Although the data collection refect that this program had been implemented in the past, there was no evidence that the program had been implemented during the survey period. Additionally, the data collected did not measure			•	Reference Federal	alespinal Deficiency	no W25Z Report,	
refected that this program was being implemented one time a day, this program was not observed during the survey period.  2. The facility failed to implement Resident #3's program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active		interior of the home moderate physical a	two times a day with assistance of one pe	1		:			
program objectives.  a) Interview with the QMRP on October 2, 2007 at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active		refected that this pri implemented one til	ogram was being me a day, this progra			:			
at 9:40 AM indicated the Resident #3 was admitted to the facility on March 26, 2007.  During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active		<ol><li>The facility failed program objectives.</li></ol>	d to implement Resid	lent #3's			:		
from 3:45 through 6:55 PM, Resident #3 was not engaged In any formal or informal active		at 9:40 AM indicated the Resident #3 was							
TATE FORM		from 3:45 through 6:55 PM, Resident #3 was not engaged in any formal or informal active					-		
DWO411   If continuation sheet 28 of 30	•			500	. D	WO411	-	If configuration	N sheet 38 eF3Å

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER A. BUILDING 8. WING \_\_\_\_ 10/05/2007 2002440

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		09G119	•	10, 11,110.	<del>-</del>		10/0	5/2007
AME OF PE	ROVIDER OR SUPPLIER		1	·	STATE, ZIP CODE	-		
ום				ON PLACE, TON, DC 20			_	
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1 441	Continued From pa			1 441				
	program and shortl 3:45 PM, was taken observed to lie in by was observed to ne transferring from hi At 6:55 PM, the clie room and positions where he remained feeding at 8:00 PM that the staff prese leisure time activition other activity.  b) Review of Resid 2007 revealed and on the edge of the times a day without There was no observaticipating in this data sheets since were documenting.  c) Review of Resid 2007 revealed and tolerate stretching for two minutes ear	ent arrived home from by thereafter, at appropried to his bedroom. He ed until 6:55 PM. The ed total assistance is wheelchair to and ent was propelled intend in front of the tele d until he received hi l. There was no observed the client with a es or engaged the company of the client bed for two minutes t assistance for three ervations of the client activity. According June 2007 the direct only twice a day.  dent #3's IPP dated objective that the client activity. According June 2007 the direct only twice a day.  dent #3's IPP dated objective that the client to his lower extremit ch stretch for six mo	eximately le was he client in from bed.  to the living vision, is G-tube servation a choice of lient in any  April 25, ent will sit to the t care staff  April 25, ent will ties daily onths.		Referens W196	e respons	e ho	11-14-0 Ongoin
	participating in this sheets since June	ervations of the client activity. According 2007 the direct care number of minute	to the data		:			
1 458		TION AND TRAINII		1 458	:			
	Each resident 's a	ctivity schedule shat	ll be			1:		-

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDIN		<b>H</b>	(X3) DATE SU COMPLE	
٠.		09G119		B. WING		<u> </u>	10/05	3/2007
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH COF	ER'S PLAN OF CO RECTIVE ACTIO RENCED TO THE DEFICIENCY)	N SHOULD BE	(XS)   COMPLETE   DATE
1 458	Continued From page 27 available to direct care staff and be carried out daily.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure each resident's activity schedule was up to date and			1 458	·			
	resident's activity schedule was up to date and current for direct care staff implementation.  The finding includes:				Reference	nesponse	to W196	
	Upon the surveyors arrived to the home at 8:00 AM, Resident #4 was observed at the kitchen table preparing to eat his breakfast. The resident was served his breakfast and did not participate in the meal time preparation or service. Although the resident was independent in feeding himself, staff used hand over hand assistance to encourage him to complete his meal.							
	At approximately 8:30, after completing his breakfast, the resident was taken to his bedroom where he remained until lunchtime. The client was periodically observed in his bedroom lying or his bed without any without constructive/habilitation activities.						,	
	1	2:00 PM, the client velichair to the living a of the television.						
	At 12:30 During lunch, at approximately 12:30 PM, Resident #4 was observed exhibiting face slapping behaviors. The direct care staff intervened by stating "Oh, no we won't have that". The resident ceased the behavior momentarily. The staff did provide any further redirection/intervention. According to the Resident's current Behavior Support Plan, reviewed on October 3, 2007, required the staff to					-		
lealth Regu	Ilation Administration		•		!	Ĭ.		

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(X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING\_ 10/05/2007 09G119 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

NAME OF P	NAME OF PROVIDER OR SUPPLIER		MC32, CII 1, 1	STATE. ZIP CODE	-		
IDI			ON PLACE, TON, DC 20		 		;
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRE CROSS-RÉFÉRE		N SHOULD BE	(X5) COMPLETE; DATE
1 458	ask the client to stop. If the resident did the staff was required to move the resident hand down from his face and continue we proactive strategies.  After lunch, at approximately 1:30 PM, distaff took the resident on a van ride.	ent's vith lirect care eview of	I 458	1450			
	the habilitation record revealed that the rehad no activity schedule for that day, and record of an alterative activity schedule.			Residents Big 1500	ghts		
I <b>50</b> 0	3523,1 RESIDENT'S RIGHTS  Each GHMRP residence director shall e that the rights of residents are observed protected in accordance with D.C. Law 2 chapter, and other applicable District and laws.	and 2-137, this	1 500	1500 3523.1			
	This Statute is not met as evidenced by Based on record review, the GHMRP fail ensure the residents were protectioned injuries of unknown origin for foru of the clients residing in the facility. (Residents #6, and #7)  The finding includes:	iled to from eight	÷	This Statute evidence ! Reference W159. of report,	. Will be 1947: respons Gederal	met as e to wiss, Deficiency	11/13:07 ongoing
Lawis Target	Review of the incident reports on Octobe beginning at 8:20 AM revealed the followincidents had not been reported to the Stagency as required:  a. On April 17, 2007, staff discovered R #2 with a three centimeter discoloration left thigh.	wing State Sesidentt				·	

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		COMPLET	ED ,
•		09G119		B. WING	· !:		10/05	2007
NAME OF P	ROVIDER OR SUPPLIER	5	4515 EDSC	RESS, CITY, ST. ON PLACE, N TON, DC 200	)19			
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I 500	b. On September a "mark" on Reside c. On July 16, 200 scratch on Reside d. On July 9, 200 abrasion on Reside e. On June 24, 20 bruise on Resider	11, 2007, the staff discent #3's left back arm.  07, the staff discovered and #3's right back leg.  7, the staff discovered along #3's left lower leg.  07, the staff discovered at #6's right elbow.	a an da	1500				
Hazith Qan	ulation Administration	•			• • •		. ·	

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A. BUILDING B. WING 10/05/2007 09G119 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4515 EDSON PLACE, NE IDI WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1 394 3520.2(d) PROFESSION SERVICES: GENERAL 1394 **PROVISIONS** Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (d) Nutrition; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have evidence that it employed a qualified dictician to meet the Resident's needs for two of the five cleints in the sample. (Resident's #1 and #5) The finding includes: Reference assporms 11322, wi331 and W336. Resident #1's record was reviewed on 10.18.07 October 3, 2007. The Resident had a nutritional assessment on August 31, 2006. Review of the ongoin4 Residents weight records revealed that she had lost 9 pounds (lbs) from March to April 2007, and continued to gradually lose weight. The last record weight was in October 2007 and the Resident weight 92 lbs. It was noted, however that she remained within her ideal body weight of 85 - 110 lbs. Further review of the record failed to show evidence that the Resident's nutritional status had not been monitored by a dietician quarterly (1st quarter September 2006, October 2006, and November 2006, and 2nd quarter December 2006, January 2007, and February Health Regulation Administration Munu Munuy TITLE (X8) DATE DRS PRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 11/9/0

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I 394	Continued From pa	ge 1	1	1 394				
.   395	2. According to a August 31, 2006, R weight (IBW) of 93 Resident 's weight Resident #5 had arfrom March 2007, twell within her idea of the record lacker nutritional status had detician quarterly (October 2006, and quarter March 2007, equired.  The nutritionist was 2007. In an intervice 2007, she indicated and was not aware a reliable dietician in that the provider had completed nutrithe Residents on Crecords verified than ecessary assessm October 2, 2007.  Interview with the October 4, 2007 recurrent dietician whreliable." However provider contracted was not providing the required in his/her 3520.2(e) PROFES PROVISIONS  Each GHMRP shall	See Also W322]  nutritional assessme resident #5 had an id - 122 pounds. Revie charts revealed that in 8.5 lbs decrease in to August 2007; she is I body weight. Furthed evidence that the Fad been monitored by 1st quarter Septemble 1 November 2006, and Market I November 2006, and Market I November 2006, and Market I November 2007, and Market I November 2007, and Market I November 2007, and Market I November 2007, and Market I November 2007, and Market I November 2007, and Market I November 2007, and Market I November 2007, and I	eal body ew of the although weight remains er review Resident's at 3rd ay 2007) as Cotober 2, tober 3, a year off is without indicated natishe on all of riew of the ipleted all ted inter	I 394	3520,2	cence re	sponse to	
	lation Administration		!			-		1
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTIO			(X3) DATE SURY COMPLETE		
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1 395	professional staff to necessary professional staff to necessary professional service imited to, those set trained, qualified, a District of Columbia disciplines or areas (e) Nursing:  This Statute is not Based on staff inte GHMRP failed to e accordance with the Residents in the safety in the saf	carry out and monitional interventions, in e goals and objective on plan, as determine iterdisciplinary team. es may include, but itervices provided by in and licensed as requial law in the following of services:  I met as evidenced be evicent and record revenue and record revenue nursing service in needs of three of fample. (Residents # de:  LPN failed to follow for that required the nursing 15 minutes after	es of every ed to be The not be dividuals red by  y: iew the es in our 2, #3 and  Resident urse to regular  loensed eding 5-tube AM, the nt his terview nt had ng. iian order ure le G-Tub	1 395	Continued from  This Statutions evidence  Reference Medicine  deficiency was and	page 2 e will be ed by:		0.18.07 ongoing
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1 395	5 Continued From page 3			1 395	·			,
-	Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the Resident should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids."  2. The GHMRP's nurse failed to schedule medical consultation appointments for Resident #3, timely.  a. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40 AM, revealed that Resident #3 was admitted to the GHMRP on March 26, 2007. October 2 - 5, 2007 the Resident was observed in a wheelchair. Review of Resident's clinical record revealed a Physical Therapy assessment dated April 24, 2007. The assessment recommended that the Resident be fitted for a knee brace.  b. Interview with the Qualified Mental Retardation Professional (QMRP) on October 2, 2007 at 9:40 AM, revealed that Resident #3 was admitted to the GHMRP on March 26, 2007. Observations during the survey from October 2 - 5, 2007, the Resident was observed in a wheelchair with tight limbs. Review of Resident's clinical record revealed a Physical Therapy assessment dated April 24, 2007. The			Also refer to vialo, wazy, u wzy 7 s	rence rei W196, W J241, W † U11249	SPOME+ 1220 242 1	11-14-07	
l.	receive an evalua	mmended that the Re tion at a spasticity cli	inic.					
	3. The GHMRP's results for Reside	nurse failed to obta ent #4.	in PSA lab		- · · · · · · · · · · · · · · · · · · ·	;   		,
	Review of Resident #4's medical record revealed a physician order for the Resident to receive a PSA level. According to the lab profiles the test was administered on July 12, 2007. At the time of survey, however, there were no PSA results,						a.	
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·	revealed a physic for a swallow stu revealed that the	esident #4's medical recian order dated June dy. Further review of study had been sche	19, 2007, the records duled for		:	:		
		on October 2, 2007 a 30 PM, Resident #4 w						
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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING B. WING\_ 10/05/2007 09G119 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4515 EDSON PLACE, NE WASHINGTON, DC 20019 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY 1395 1395 Continued From page 5 observed wearing adult protective undergarments. Interview with the direct care staff indicated that the Resident wears diapers. Review of the Resident's nursing notes on October 4, 2007 at approximately 11:00 AM revealed that the Resident had a urology consult on July 26, 2007 and should return in one year. However, there was no medical consultation sheet to confirm that the appointment had been completed. Reference response to W336 11.14.07 7. The GHMRP's nurse failed to ensure that ongoing Resident #2's health status was reviewed by the Registered Nurse on a quarterly or more frequent basis. [See W336]

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